Medicalization and Women: *O, The Oprah Magazine* Diagnosed Through Critical Discourse Analysis

By

Katharine A. Williams

A thesis
submitted in partial fulfillment
of the requirements for the degree of
Masters of Arts

MA Program in Social Justice and Equity Studies
BROCK UNIVERSITY
St.Catharines, Ontario

September 2009

For Judith Blackwell -
it is through your teaching and mentorship
that the possibility of graduate school became a reality.
Your wisdom, teaching and kindness live on.

Abstract

This thesis uses critical discourse analysis (CDA) to explore and examine direct-to-consumer (DTC) pharmaceutical drug advertisements appearing in four issues of *O, The Oprah Magazine* in 2006. The theoretical underpinnings of this thesis emerge from social scientists and feminists analyses regarding the medicalization of everyday life. The findings of this study highlight three types of discourses used by pharmaceutical companies. First, I explore the use of historical and contemporary *gender norms* to sell pharmacological products; second, I examine discourses which *normalize* the use of chemical solutions as the first line of defense to address a wide range of everyday problems; and finally, I assess how pharmaceutical advertisements provide an *illusion of autonomy by responsibilizing individuals as patients*, at the same time as they suggest that real independence can only be achieved with medication. My discussion of these themes also includes an analysis of why *O Magazine*, which explicitly promotes women's empowerment through holistic approaches to health and personal growth – might support such advertising. Thus I explore: how does DTC advertising benefit both pharmaceutical companies and *O Magazine* itself? I conclude through a brief discussion of the larger implications of DTC advertising for women's health.

Acknowledgements

First and foremost I would like to extend a huge thank you to my thesis committee (Dan Malleck, Margot Francis and Jeff Boggs) for providing me with critical feedback and thought provoking comments which were essential to the development of this project. A special thank you to Margot Francis for her unwavering support and confidence in my abilities to complete this project.

A deep appreciation must also be extended to my fellow classmates in Social Justice and Equity Studies; thank you for sharing your struggles and helping me with mine. Thank you especially to Anna Lise Domanski for coaching me through. My warm thanks to Linda Landry, Jill DeBon, Ethna Bernat, Viola Bartel, June Corman, David Butz, Jane Helleiner, Dorothy Griffiths and Sandy Kovacs for their assistance and willingness to lend an ear.

Most of all, I am grateful to my family. Thank you to my mother, Patti Williams, for being a great role model, always believing in me and making sure I didn't give up. Thank you to my father, Dave Williams, for teaching me to continuously push on. To my sister, Kendra, thank you for always listening.

I would also like to acknowledge my colleagues for their continuous support, encouragement and understanding: Julia Blushak, Shelley Parks, Lori Walker, Michelle McGinn, Amy Blake, Vicky Guertin, Judy Maiden, Josie Reed, Carrie Kelly, Maureen Murphy, Angela Nauss, Erika Penner, Carolyn Mullen, Phil Thomas, Hitesh Jain, Robert Eagle and Liette Vasseur.

To all of my friends - thank you for having confidence in me and for understanding when I had to miss social events to write. Kelly, thank you for giving me a place to stay in the final hours. Last but not least, many thanks to Casey for the much needed venting sessions, movie nights and walks.

This thesis has been generously supported through a Social Science and Humanities Research Council (SSHRC) Canada Graduate Scholarship.

CHAPTER ONE: INTRODUCTION

Statement of Research

This qualitative study is designed to explore and examine the discourses in pharmaceutical drug advertisements appearing in four issues of *O, The Oprah Magazine* in 2006. The theoretical underpinning of this thesis is based on the concerns of social scientists regarding the contemporary medicalization of everyday life. More specifically, this project employs feminist critiques of the gendered nature of medicalization to argue that direct-to-consumer prescription drug ads in *O Magazine* reiterate and reinforce discourses of traditional gender identity, normality and autonomy. I use critical discourse analysis, a qualitative methodology, to facilitate understanding of the phenomenon, and to explore how these advertisements work in the context of Oprah Winfrey's magazine, *O*.

An Ad for Depression

A woman, forlorn and alone at her desk, is "still caught in the cycle of depression" (see Figure A.1). The woman's left hand is propping her head up; she appears to be unable to concentrate on her work. Readers are told by the woman that "my symptoms of depression won't go away (sadness, anxiety, low energy)" and "I keep falling into depression no matter what I do." The second page of the advertisement tells a very different story. The woman is now shown smiling and the caption reads "break the cycle with EFFEXOR XR". Wyeth (the pharmaceutical company responsible for the ad) would likely claim this advertisement is meant to educate women about depression, but perhaps what is really being marketed here is the condition itself. If readers can be convinced they have a treatable "illness" called depression, this makes it much easier for

the company to sell its drug Effexor. Although genuine depression is generally understood as an illness that takes away people's ability to function in daily activities, Effexor XR in this ad is presented as the answer for the sadness, anxiety and low energy that can also be associated with daily life (Moynihan & Cassels, 2005, p. 40). Medication is the only solution presented for this woman's depressive symptoms. This ad from the April 2006 issue of *O, The Oprah Magazine* is demonstrative of the ways in which illness is constructed through discourses in pharmaceutical advertisements as an individual problem that can be cured by using a chemical solution. The ad also presents a gendered discourse; this ad is targeted at women specifically. As Ann Garry notes: "although all people are subject to medicalizing practices, medicalization is a feminist issue because women, along with other marginalized people, are particularly disadvantaged by it" (Garry, 2001, pp. 263-264). A more in-depth analysis of the discourses in this advertisement and others found in *O Magazine* will be discussed throughout this thesis.

Why I chose this topic: Auto-ethnography

My passion for this topic is driven not only by academic interest, but also by personal experiences. I begin my exploration of the intricacies of the medicalization process by sharing three stories. The first two stories introduce the experiences of two men with the medicalization process. The third story is an auto-ethnographic account of my own personal experience with medicalization. Auto-ethnography, according to Carolyn Ellis, "refers to writing about the personal and its relationship to culture" (2004, p. 37). More specifically, auto-ethnography is a form of qualitative inquiry which allows

> the use of systematic sociological introspection and emotional recall; the inclusion of the researchers' vulnerable selves, emotions, body, and spirit; the production of

> evocative stories that create the effect of reality; the celebration of concrete experience and intimate detail; the examination of how human experience is endowed with meaning (Sparkes, in Bochner & Ellis, 2002, p. 210).

Deborah Reed-Danahay notes "the notion of auto-ethnography foregrounds the multiple nature of selfhood and opens up new ways of writing about social life" (1997, p. 3). I chose to write an auto-ethnographic introduction because constructing meaningful accounts of emotional experiences is said to allow humans to make sense of their worlds (Ellis, 2004). I want to better understand myself and my personal experiences with medicalization, in relation to this research. Ellis argues it is "self-absorbed to pretend that you are somehow outside of what you study and not impacted by the same forces as others" (2004, p. 34). Moreover Ellis and Bochner note, as communicating humans studying human communication, we are inevitably inside of what we are studying (2002). I felt that my relationship with medicalization needed some reflexive thought. Furthermore, although auto-ethnographic writing can benefit the author, it can also be used to "allow readers to think and feel with the story being told rather than about it" (Sparkes, in Bochner & Ellis, 2002, p. 219).

Until a close friend was diagnosed with depression, I was unaware of the extent of medicalization and the pharmaceutical industry's role in it. I was in my early twenties and about mid-way through my undergraduate degree when a close male friend told me he was given depression medication by his doctor. I was critical of this diagnosis because I was familiar with my friend's circumstances; he had suddenly found himself unemployed and his mother had recently been diagnosed with cancer. When I first heard about this diagnosis, I remember thinking his "symptoms" of disturbed sleep, decreased energy and

agitation were normal reactions to the external changes he found himself dealing with. Frustrated and upset about the ease of this diagnosis, I found myself driven to understand more about this process.

In my third year of undergraduate studies, I took a Psychiatric Sociology course which made me determined to find out more about the influence the pharmaceutical industry has over people's health. For my undergraduate thesis I sought to explore and examine the lives, challenges and experiences of adults who had been diagnosed with ADHD either as children or at some other point in their lives. During this research I spoke to one young man who was diagnosed with ADHD through Health Services at the university. This particular case caught my interest because of the relatively simplistic diagnostic process he went through.

> I don't think I was tested right enough, you know? Like just...one hour or two hours of just sitting in front of somebody and [she just says] "Ok, you have it"...the whole process [including paper work] took two hours. And I had to come back two weeks later...for another hour...but, that's about it. So I don't know...I don't know how else they could test for it, but there's got to be something better than just a two-hour thing you know? Because...the interview was at 1pm and then I got the pills at 5pm. So...4 hours later I have ADD and I have the pills right? And I got them in my hand and I'm [thinking] "That was just too easy." Anyone could just lie on that test thing (Williams, 2005).

Similar to my friend's experience with depression, this student was also dealing with external challenges. At the time of the interview, he was in his third year of university and talked about needing to get his average back up to 70% by fourth year. If he did not

achieve this goal, his program would not recognize his marketing concentration. The possibility of being unable to raise his marks was very stressful for him. He also mentioned that you could lie on the test for ADHD if you wanted medication for a particular reason such as assistance with studying.[1] Consequently, I began to question whether the diagnostic process was scientifically reliable and to wonder whether it encouraged a thorough analysis of the patient's life circumstances.

At the conclusion of my undergraduate thesis, I sought to expand this study on ADHD and focus more directly on the pharmaceutical industry's role in the medicalization of everyday life for my Master's thesis. I was both upset and excited about the considerable confusion and debate surrounding the diagnostic process and various "new" illnesses.

As my current Master's thesis progressed, I suddenly found myself facing a variety of difficult and sometimes traumatic external challenges. Like my male counterparts, I struggled to find a way to map out, clearly articulate and decide on an appropriate solution to my life issues. During this research project, I encountered some unexpected and painful experiences. I say unexpected because I was engaged in what I envisaged to be a purposeful and objective research process. Painful because along the way I encountered many obstacles that made me give up my "safe" distance from medicalization within my research and embrace a less predictable approach. I suddenly found myself within my research, rather than standing outside of it and maintaining control over it. I was experiencing the complex concepts and processes I was studying.

[1] There is a fine line between medical and recreational drug use for ADHD medication. See Williams, 2005, p. 43.

After dealing with many personal and professional struggles on my own, I decided to try counseling through Student Health Services at the university to relieve some stress. Like the male participant in my undergraduate thesis, I received a questionnaire administered by the university's Health Services office. Upon my first visit, the counselor said I had to complete two questionnaires; one was a test for anxiety and the other was for depression. The counselor proceeded to ask me questions as I either "agreed" or "disagreed" with the symptoms described. Afterwards, my score was added up and it appeared I was suffering from severe anxiety coupled with mild depression. I was then told I had to see my doctor to rule out any chemical imbalance before I could see the counselor again. I questioned why the counseling service prioritized pharmaceutical intervention before being willing to talk to me about the life challenges that might be causing my symptoms. Could the feelings I was experiencing be measured by a five-minute questionnaire? How could I be told I may have severe anxiety and mild depression by someone who did not even know who I was or the stressful life circumstances I was grappling with?

When I saw my doctor, I explained that I wanted to try counseling before considering medication as the first option. My doctor agreed and signed the questionnaires so I was able to see the counselor again (without medication) and I continued going regularly. Other people I confided in during this time also suggested I should maybe look into medication. These encounters forced me to engage with the medicalization process on a personal rather than an academic level. This made me want to explore why mind-altering medication is considered central in the treatment of emotions.

Confused and disappointed, I wrestled with competing thoughts. On the one hand, I acknowledged that I was anxious and felt somewhat depressed and might, therefore, need to consider taking medication. However, my critical faculties reminded me that I was encountering several external challenges. I remember thinking that anyone in my position would also feel anxious, unhappy and have low energy. I began to wonder if what I was feeling was 'normal.' After much thought, I decided to consider other non-chemical solutions first. I continued going to counseling regularly, joined an eight-week beginner's yoga class and began attending Church. Talking about my struggles, exercising and reconnecting with my body and with God really helped me through these difficult times.

Taking into consideration my own experiences over the years as well as those of my friends, I had begun to question current diagnostic practices. Why are people who experience external problems being treated first with psychotropic drugs? While I found my personal circumstances and quick diagnosis similar to my male counterparts, more women than men walk through the doors of doctors' and counselors' offices seeking help for emotional trauma, so they are more exposed to pharmacological and medicalization discourses which promote the need for medication. Also, more pharmaceutical companies advertise their products directly to women, further intensifying the gendered nature of medicalization (Penfold & Walker, 1983).

After starting to think critically about these issues, I received a subscription to *O, The Oprah Magazine* as a gift during the first year of my Master's program. I've always admired Oprah Winfrey and I knew she was focused on helping people live their best life, thus, I was surprised to find pharmaceutical drug advertisements throughout all of the

issues I received that year. For my Master's thesis, I decided to explore the messages these pharmaceutical drug advertisements strive to communicate to readers about the medicalization of everyday life and what it means that such an influential magazine apparently committed to promoting personal growth for women is publishing these ads.

Statement of the Problem

> Well-informed, well-educated human beings can make sound decisions in the interests of the common good, but they will not be able to do so if their minds are crammed with misinformation, half truths, and the downright lies which are passed off as "common knowledge" (Judith Blackwell, 2003, p. 23)

In a free-market economy, consumers are supposed to be informed and have free choice about their consumer purchases, but these expectations are often more difficult when it comes to the medical market (Conrad & Leiter, 2004, p. 160). Over the last few decades, the pharmaceutical industry has been criticized for targeting consumers directly through direct-to-consumer (DTC) drug advertisements. Of even more concern to social researchers, however, is the fact that pharmaceutical companies have changed their tactics from a focus on the sick, to targeting the well and healthy (Moynihan & Cassels, 2005). While pharmaceutical industry supporters claim that DTC advertising responds to the consumer's right to information and need for information about prescription drugs, critics are concerned that such advertising can lead to unnecessary use of medication and excessive profits for drug companies. Furthermore, David Gardner, Barbara Mintzes and Aleck Ostry argue there is a lack of evidence to support pharmaceutical companies' claims about educating the public (2003, p. 426). Those opposed to DTC advertising specifically and critical of the pharmaceutical industry in general say that the public's

health is at risk. Further, feminist scholars argue that pharmaceutical practices are motivated by, and contribute to, the attribution of illness specifically to women. For instance, Susan Penfold and Gillian Walker note drug advertising "plays a major role in reinforcing stereotypes and encouraging the administration of drugs to women" (1983, p. 198). This thesis seeks to better understand discourses found in pharmaceutical drug advertisements in *O Magazine* specifically and how they relate to the medicalization of everyday life.

According to Justine Coupland and Angie Williams, advertisements are one of the resources used by the public to make decisions about health and lifestyle (2002, p. 421). In this context, discourse refers to "the full range of practices, structures, and media that saturate our world and ourselves with meaning" and therefore contribute to how knowledge is constructed and produced through social relations (Carroll, 2004, p. 225). Critical discourse analysis is a type of qualitative research that can facilitate meaningful understandings about texts. Analyzing direct-to-consumer drug advertisements using this critical methodology can allow a greater understanding of the gendered discourses around health, illness and healing that are communicated through the ads. A discursive reading of the ads can explore how pharmaceutical advertising discourses in *O Magazine* employ Oprah Winfrey's 'brand' to endorse the current trend towards the medicalization of everyday life.

Overview of Chapters

The thesis unfolds as follows. Chapter Two explores the history, meaning and effects of medicalization as well as the institutional and professional structure of the pharmaceutical industry, which contribute to the public's assumptions about the

prevalence, incidence, treatment, and meaning of disease. I situate my work in relation to the current literature on the gendered nature of medicalization. The contribution of my study is to better understand the potential impact of DTC ads in an influential women's magazine on women's experience of health and illness.

Chapter Three offers background information on critical discourse analysis (CDA), a method of qualitative research that I have used to perform a close systematic analysis of discourses found in pharmaceutical drug advertisements in *O Magazine*. Critically analyzing direct-to-consumer drug advertisements can allow a greater understanding of how social forces can shape our actions in the realm of health, illness and healing. In addition to discussing the role of discourse in shaping knowledge, I explore the effects of institutional and professional structures which also produce assumptions about the prevalence, incidence, treatment, and meaning of disease. I explain my methodological choices and constraints in conducting this qualitative research project, and discuss the source and sample used for analysis.

Chapter Four presents the findings of the research. I begin with a background on advertising strategies in order to acquaint the reader with common marketing techniques used by companies to sell their products. I then present an exploration of 21 direct-to-consumer prescription drug advertisements in *O Magazine,* and highlight three types of discourses used by pharmaceutical companies. First, I explore the use of historical and contemporary *gender norms* to sell pharmacological products; second, I examine discourses which *normalize* the use of chemical solutions as the first line of defense to address a wide range of everyday problems; and finally, I assess how pharmaceutical advertisements provide an *illusion of autonomy by responsibilizing individuals as*

patients, at the same time as they suggests that real independence can only be achieved with medication.

Chapter Five discusses the larger implications of the discourses found in Chapter Four. I highlight a discussion on Oprah Winfrey's power and influence as a self help icon and explore the intersection of 'brand O' with pharmaceutical advertising. I then discuss the illusion of autonomy found in the advertisements. Next, I explore the problems of discourse as power. I then show how an analysis of pharmaceutical drugs advertisements in *O, The Oprah Magazine* contributes to the broader analysis of the medicalization of everyday life. This chapter ends with a summary of the main points of this thesis.

CHAPTER TWO: THE CONTEXT OF THE RESEARCH, A LITERATURE REVIEW

Discourses around health, illness and medication permeate a variety of texts from mass media to everyday conversations. Sales pitches for pharmaceutical drugs in particular generally feature "beautiful [happy] people enjoying themselves in the great outdoors" as a result of taking a particular medication (Angell, 2004, p. xix). In this context, celebrities have become central figures in drug company campaigns. For example, Ray Moynihan and Alan Cassels explain that "baseball stars help transform fears about sexual performance into pills for sexual dysfunction" and former super models help sell menopause as a fearful time of hormone loss rather than a natural life process (2005, p. 42). These types of media presentations tend to favour genetic or biological explanations for illness over social causes in order to promote the use of medication. Pharmaceutical companies claim that their advertisements educate the public, but money for such 'education' "comes out of the drug companies' marketing budgets" which is a clear indicator that the goal here is marketing, not education (Angell, 2004, p. 135). Although people select and interpret information from various sources, researchers have argued that the massive pharmaceutical marketing the public sees everyday in the media keeps a biomedical discourse dominant. Thus, public perceptions can reflect a partial and inevitably biased perspective of the role biological factors play in life's problems.

This literature review examines what research has told us in three main areas. The first looks at what medicalization is and how it came about in order to create a better understanding of the structural power behind medicine. Also in this section, the gendered nature of medicalization is explored in order to understand how and why women are

specific targets of medicalization. Secondly, I explore the pharmaceutical industry and the ways in which it has facilitated medicalization into the 21st century. Lastly, this chapter focuses on the most recent trend in medicalization, direct-to-consumer drug advertising.

Medicalization: The History

Concern over medical influence or medicalization is not new. The actual term "medicalization" began appearing in social scientific literature in the 1970s (Conrad, 1992, p. 210), while the idea behind the concept has been present since Talcott Parsons introduced it (1951). According to Peter Conrad, Parsons was "the first to conceptualize medicine as an institution of social control, especially the way in which the 'sick role' could conditionally legitimate that deviance termed illness" (1992, p. 210). Ivan Illich (1976) was also an early influential critic of medicine, coining the phrase "the medicalization of life." Eliot Freidson (1975) and Irving Kenneth Zola (1977) are two of the initial examiners of medicalization and medical social control while Conrad has focused most of his studies on the medicalization of deviant behavior, when bad behaviour becomes labeled as sickness (1992). Moreover, Michel Foucault also criticized this trend toward the medicalization of human behaviour and the power of medical "experts" (see for example *The Birth of the Clinic* (1973) and *Madness and Civilization* (2001)).

Most of the writers on medicalization would agree that the term pertains to the influence of medicine, and how medical professionals and/or pharmaceutical companies continue to push medication - causing humans to seek more medical attention and advice. Zola, for example, provides a straightforward definition of medicalization: "making

medicine and the labels 'healthy' and 'ill' relevant to an ever increasing part of human existence" (1977, p. 42). Rick Carlson and Gary Stimeling put more emphasis on the influence of the medical profession, arguing "[m]edicalization happens when physicians claim more aspects of human life as their turf, turning commonplace conditions into 'diseases' that can be cured only by medicine" (2002, p. 51). Sociologists and feminists in particular have contributed to the understanding of medicalization by examining a wider and different range of social issues than have other medical researchers. According to feminist perspectives, medicalization "refers to the tendency to exert medical control over normal female reproductive experiences, to apply medical definitions to bodily occurrences not previously thought of as medical problems, and to treat normal bodily functions using an overly aggressive approach" (Richman, Jason, Taylor & Jahn, 2000, p.177). In other words, feminists argue that medicalization contributes to the maintenance of gender inequality and directly impacts women's health and well-being (Penfold & Walker, 1983; Caplan, 1995).

As these definitions suggest, the general conceptualization of medicalization has remained relatively unchanged over the past three decades. However, opinions and evidence have differed around the "medicalization process," or how medicalization actually occurs (Conrad, 1992, p. 210).

Medicalization: Examples and Contributing Factors

Although the definition of medicalization is broad enough to include all problems that come to be defined as medical, the actual process of medicalization is much more complex. For instance, Conrad notes: "subcultures, groups, or individuals may vary in their readiness to apply, accept or reject medicalized definitions" (1992, p. 211). These

and other economic, social or cultural factors can affect the expansive potential of a medical category (what Conrad refers to as the "degree" of medicalization) (Conrad, 1992, p. 220), or how a problem, behaviour or emotion comes to be defined or undefined as a medical condition.

Adding to Conrad's argument, Phil Brown discusses how social forces cause and exacerbate disease (1995). Brown helps identify the range of social actors involved in the medicalization process. Brown notes that the social changes surrounding a condition can move it from being considered non-medicalized to medicalized or vice versa. Two cases illustrate both processes. First, the history of homosexuality provides an example of how a medicalized condition can become demedicalized. Homosexuality was once considered a medicalized psychiatric illness in the *Diagnostic and Statistics Manual of Mental Disorders III* (DSM III) (APA, 1980).[2] Over time, a definitional shift occurred, as social activists put political pressure on the American Psychiatric Association to delete homosexuality as a mental disorder (Brown, 1995, p. 43). Today, homosexuality is no longer a medical category (see DSM-IV) (APA, 1996). Second, Attention-deficit Hyperactivity Disorder is an example of a non-medicalized behaviour becoming medicalized. Restless children who do not listen to their parents or teachers, have trouble focusing and continually misbehave have not always been classified as having a behavioural disorder. This behaviour has become medicalized over the last half-century and Attention-deficit Hyperactivity Disorder (ADHD) is now one of the most common psychiatric conditions to appear in children in North America (Degrandpre, 1999, p. 33).

[2] Although this was not always the case. See Hansen, Bert. "American Physicians' "Discovery" of Homosexuals, 1880-1900: A new diagnosis in a changing society" in Charles E. Rosenberg and Janet L. Golden, eds., *Framing Disease: Studies in Cultural History* (1992)

Social science researchers have argued that the medicalization of ADHD has occurred because of several social and economic factors (see DeGrandpre, 1999; Conrad, 1992). For instance, treatment options such as Ritalin were introduced in the 1950s and soon became widely available for children suffering from hyperactivity and inattention (Beiderman, Quinn, Weiss, Markabi, Weidenmann, Edson, Karlsson, Pohlmann, & Wigal, 2003, p. 833). At this time, psychiatrists were also becoming persistent in their drive towards a biomedical explanation for ADHD (DeGrandpre, 1999, p. 149). Moreover, increased preference for medical solutions along with parents' and teachers' desire for answers to children's misbehaviours are significant reasons why ADHD has become an epidemic in North America (Conrad & Schneider, 1992; Armstrong, 1997; DeGrandpre, 1999).

Yet, such dichotomies may blur the subtle variations in medicalized definitions. Instead of thinking of medicalization as an "either/or situation" where some conditions or illnesses are non-medical while others are inarguably medical in nature, Conrad argues that medicalization is best discussed as occurring by degrees (1992, p. 220). In other words, not all diagnoses will fit neatly into a single medicalized or non-medicalized category, but instead remain open to both medical and non-medical definitions. Female Sexual Dysfunction or FSD for example has fairly recently been classified as a disease said to "affect 43 per cent of women" (Moynihan & Cassels, 2005, p. 175), although evidence suggests that there is still much debate among researchers and the medical profession surrounding the actual medical definition of FSD. Besides issues of competing definitions, lack of medical support seems to be inhibiting the full medicalization process or expansive potential of FSD. According to Moynihan and Cassels, "some researchers

were rejecting the notion that there was a medical condition" regarding female sexual problems (2005, p. 176). This is a case where the condition is not accepted by everyone as a medicalized condition, yet a biomedical definition is applied. [3]

While there is an abundance of literature on the social and economic factors affecting the expansive potential of various medicalized conditions, there are also many other issues that can shape disease definitions to restrain or accelerate such a process. Examples include patient advocacy groups or social movement organizations and one's personal experience with illness (see Brown, 1995, p. 49). With relatively few limiting factors, however, medicalization or the expansion of medical jurisdiction over what is considered sickness appears to be on the rise.

Medicalization and Power

A brief examination of the history of medicine can demonstrate the links between medical definitions and power. During the seventeenth and eighteenth centuries, religion defined what normal, proper and desirable behaviour was in Western society. The Industrial Revolution, however, began altering "the relationship within and between communities, families and people" and new explanations for behaviour were sought (Zola, 1977, p. 44). Religious ideologies began to appear irrational as they lacked broad social acceptance and scientific validity (Freund & McGuire, 1999, p. 126). Legal systems began to define norms of behaviour by classifying certain behaviours as crimes with specified punitive consequences. Religion did not disappear, but concerned itself more with providing internal guidance, leaving the external affairs to the law (Zola, 1977, p. 45). Legal definitions, although they appeared more rational, were often criticized for

[3] The medicalization process also involves the ways in which "nonconflictual" diseases are discovered and/or defined. See Phil Brown, 1995, p.43

being too dependent on moral judgment. Major transformations in the twentieth century introduced doubts about legal authority. As scientific theories began to re-shape the contours of modern society (Zola, 1977, p. 46; Conrad & Schnieder, 1992, p. 262), human behaviour began to be explained in medical terms (Conrad & Schneider, 1992, p. 263). Medical definitions, as opposed to religious and legal explanations, were based on supposedly objective criteria rather than human judgment, and the public seemed to have more faith in this type of "rational" scientific ideology.

After the Second World War, when public expectations for a better life and political pressure on government to supply it grew, so did "the human services" sector in Western societies (Freidson, 1975, p. 3). For instance, although new definitions of citizens' rights to health, education, legal and welfare services were advanced, Freidson states that some of the most critical changes took place in health services (1975, p. 4). Progress in modern medicine and health became an essential element to living "the good life" (Zola, 1977, p. 51; also see Tone, 2009), thereby increasing the role of physicians, who were the gatekeepers and providers of these services. Some would argue that today, countless advances in medical technology, surgical procedures and life-altering medication are nothing short of miracles which have immensely transformed our quality of life as well as the society we live in. Increasingly, people believe that the capabilities of scientific research are boundless.

With the industrialization and bureaucratization of society, governments, education systems, and the medical sphere began to develop more capacity for social control. According to Conrad and Schneider, medical social control or "the acceptance of a medical perspective as the dominant definition of certain phenomena" is one of the

most powerful forms of control (1992, p. 242). The degree to which people find themselves affected by other people's opinions of what is normal, Paula Caplan argues, depends on "how much power they have over us, how much we care about them, how much we respect their opinion, how normal we consider them to be and how insecure we are" (Caplan, 1995, p. 5-6). Foucault contends that medical social control conflicts with autonomous personal decision-making because there is a relationship between knowledge claims, the power of people making those knowledge claims, and the resulting influence those knowledge claims have (1980, p. 93-94). Thus, when claims to "truth" come from individuals or groups in society with high levels of institutionalized power (as in the medical profession), those claims also become institutionalized; people believe those claims simply because they are coming from "experts."

According to Freidson, the unprecedented power of physicians over the medical field, the medical institution and medical practitioners within it allows them to define the territory of their work (Freidson, 1975). Much of Friedson's work seeks to explore and problematize the power that the medical profession has over the labels "health" and "illness" (1975; 1986). Thus, Friedson warns that physicians and their allied institutions often make rules that are compatible with their own conceptions of "need, propriety, and convenience" instead of looking out for the greater good of society (1975, p. 14). Promoting the use of medications essentially supports the existing social and political arrangement whereby individualized solutions are presented for "individual disease rather than a possible comment on the nature of the present situation," thus inhibiting change to the dominant social and political interests (Conrad & Schneider, 1992, p. 250). More importantly for Illich, however, professional power can "destroy the potential of people

to deal with their human weakness, vulnerability, and uniqueness in a personal and autonomous way" (Illich, 1976, p. 33). While medical social control limits or is sometimes in conflict with autonomous patient decision-making, we also know that the process of how people are influenced by medical power is complex and not necessarily predictable.

Public faith in the work of doctors, researchers, and other "experts" in the field has been questioned by many social researchers. Carlson and Stimeling, for example, warn against ignoring the distinction between the reputation and the reality of modern medicine. While there is no doubt that many medical breakthroughs hold great promise for the future,

> medical advances are coming at us so quickly that we are groping for context, a framework in which to think clearly, as responsible citizens of the earth, about the pros and cons of our new powers before we're swept away by them (Carlson & Stimeling, 2002, p. 6).

The growth of pharmaceuticals, for example, can reduce efforts to find other non-chemical solutions and make pharmaceuticals a panacea. Since the 1950s there has been an explosion in both the development and use of psychoactive medication for problems within the mind and body (Conrad & Schneider, 1992, p. 243). Drugs have been invented and distributed in abundance for many behaviours including but not limited to: anxiety, nervousness, general malaise, hyperactive children, and gender dysphoria. Again, when medication is the first and often only solution to problems, it locates the source of problems within the individual instead of looking at the social, economic and political system (Zola, 1977, p. 63). For example, many pharmaceutical companies have helped

instill and reinforce the notion that depression is a widespread psychiatric disease "most likely due to a chemical imbalance in the brain, best fixed with a modern group of drugs called selective serotonin reuptake inhibitors or SSRIs" (Moynihan & Cassels, 2005, p. 23). Focusing on depression as a psychiatric illness treatable with mind-altering medication, however, ignores the possibility that the behaviour is not an illness, but an "adaptation to the social situation" (Conrad & Schneider, 1992, p. 250). Medical control through medication ignores issues within the social system and may inhibit people's ability to explore non-medical solutions to life's difficulties.

The Gendered Nature of Medicalization

According to feminist researchers, medicalization has affected men and women in different ways. For instance, Catharine Reissman argues women are "more likely than men to have problematic experiences defined and treated medically" (1983, p. 49). Concerning prescribing patterns and gender, Ruth Cooperstock reports that "women are 2 to 3 times more likely than men to have prescriptions written" for psychotropic medication (1974, p. 56), while Penfold and Walker report "women receive more prescriptions for all drugs than do men" (1983, p. 186). For psychotropic drugs, however, the female to male ratio is even higher, with "67-72% of prescriptions going to women" (Penfold & Walker, 1983, p.186). Karen Erikson and Victoria Kress, who studied the prevalence of diagnosis by gender with respect to biases made according to the DSM, contend this gender difference in pill popping is because "women's prevalence rates...for all forms of mood and anxiety and eating disorders" were higher than men's (2008, p. 153). Betty Friedan argues that breakdowns and emotional distress should be attributed to what she calls the "role crisis," or women trying to fulfill their feminine destiny (1974, p.

75). While these statistics show women are diagnosed and prescribed medication more often than men, the pharmaceutical industry has also intervened to construct non-medical conditions, such as aging, as 'problems' which require a pharmaceutical or surgical solution. Thus, advertisements have "used familiar biomedical phraseology to turn the effects of aging – loose and sagging skin, wrinkles and creases – into pathology" (Ratcliff, 2002, p. 133).

While it is clear there are gender biases in society which intersect with the medicalization process, it has been important for feminists to understand why this difference takes place. Penfold and Walker suggest medicalization is gendered because "women are more ready to label themselves as psychiatrically ill" (1983, p. 190). Reissman contends that women's social roles make them readily available to medical scrutiny as, "women are more likely to come in contact with medical providers because they care for children and are the 'kin keepers' of the family" (1983, p. 58). In other words, women make more visits to physicians than men for children and other family members and thus are more exposed to the medical process (Reissman, 1983; Ratcliff, 2002). Reissman also argues that women are targets of medicalization because "external markers of biological processes exist in women (menstruation, birth, lactation and so forth)...[making] women easy targets for medical encroachment" (1983, p. 58). Erikson and Kress report numerous environmental factors said to account for "the high rates of depression and other disorders in women" including lack of social support networks, being married or separated/divorced, single motherhood etc. (2008, p. 156).

While some feminists feel that women's biology and social roles make them more susceptible to the medicalization process, other feminists feel that the influence of

medicalization has been exaggerated. Jeanne Lorentzen argues that women are not passive recipients of medical care and medicalization but rather are active participants in medical power relations (2008, p. 52). Janet Walker, who focused on analyzing psychiatry and American cinema and its relation to the medicalization of women, notes "the discursive practices and formations around psychiatry, women, and film couched *resistance* as well as adjustment" (emphasis in original, 1993, p. xvii). By the term resistance, Walker means "to characterize various ways psychiatrists, patients, and people concerned with the representation thereof sought to rethink ideas, actions, and live at odds with a status quo according to which institutional psychiatry dictated normative and gender-allocated behavioral patterns" (1993, p. xviii). According to Lorentzen, who takes a Foucauldian approach to medical power relations, "the outcome of medical power relations cannot be conceived as predetermined, that is, as only producing passive compliant bodies" (2008, p. 56). Similarly, Riessman contends "women are not simply passive victims of medical ascendancy" (1983, p. 47). These feminist authors show that although medical ideologies are dominant, not all women are necessarily influenced by this.

While individual women often resist the medicalization process, the systems of medical power have a long history of attempting to control women's lives. For example, most concepts of mental health are male defined and psychiatric, psychological and biological theories reflect and reinforce the existing power relations in a way that continue to oppress women. Barbara Ehrenreich and Deirdre English, who studied medical practices from the late nineteenth century to the early twentieth century note that doctors defined women's normal state as sick (2005, p. 121). Walker argues that drugs

were used as "adjustment treatments" to keep women comfortable in their traditional gender roles (1993, p. 29). Penfold and Walker also argue that drugs are being administered according to socially determined notions of sex roles: "drugs are often presented as the solution for women's problems, to help them cope with their traditional [gender] roles" (1983, p. 198). The medicalization of women "appears to be rooted in the unrecognized stresses of women's traditional role and the pervasive sentiment that women who deviate from, or complain about, their traditional role as wife, mother and sex object and self-sacrificing nurturer must be sick" (Penfold & Walker, 1983, p. 196). Meanwhile, adjustment to a "suffocating atmosphere of domesticity," according to Ehrenreich and English is what lead women to sickness in the first place (2005, p. 118). When drugs are administered according to socially determined notions of gender, the difficult and distressing life circumstances of women can be more easily disregarded. Friedan notes "adjustment to a culture which does not permit the realization of one's entire being is not a cure at all" (1974, p. 311). For Friedan, normal feminine adjustment is the failure to realize the full possibilities of one's existence (1974, p. 312). Feminine adjustment makes women dependent on "technological cure rather than self-directed analysis or change" (Walker, 1993, p. 29).

Along with depoliticizing women's social position within a patriarchal society and individualizing social problems, the widespread use of medications is also dangerous. Simply put, some medicines have real, and often dangerous, side effects. An article in the *Journal of the American Medical Association* (JAMA) concluded "more than 2.2 million people required hospitalization because of serious reactions to medications" (Strand, 2003, p. 8). Many of these patients died because of these reactions. Moreover, the fourth

leading cause of death in the United States is not automobile accidents or AIDS but "adverse drug reactions to properly prescribed medications" (Strand, 2003, p. 8). This statistic does not include the number of deaths caused by medications that were prescribed improperly. As women are prescribed more drugs than men, this is particularly a problem for them.

Many scholars have questioned the nature of the pharmaceutical business. Researchers have investigated how the pharmaceutical industry has grown to accumulate profound wealth and power and continues to enhance the cycle of "defining a problem in medical terms...[and] using a medical intervention to treat it" (Conrad, 2005, p. 3). Thus, a review of the current literature on the pharmaceutical industry can enhance our understanding of medicalization.

The Pharmaceutical Industry: Practices and History

The modern pharmaceutical industry emerged with the new wave of "wonder drugs" that were discovered after World War Two. In the half-century before 1939, the pharmaceutical industry conducted itself as a commodity business: "the major companies were full-line drug houses that manufactured and sold a complete array of all the ingredients the pharmacist needed to compound the doctor's prescription" (Gereffi, 1983, p. 169). At this time therapeutic advancement was slow and drug companies engaged in very little research. By the end of the 1950s however, the pharmaceutical industry had transformed itself into a research and advertising-intensive business. The drug industry grew rapidly with new medical and scientific advancements and began to focus on producing specialty products whose value could be protected by patents and heavily promoted brand names (Gereffi, 1983, p. 169).

During this period of spectacular growth, the pharmaceutical industry's increasing influence on the research community has sometimes been troubling. One of the most well- documented examples is the Nancy Olivieri case. As one of Toronto's Hospital for Sick Children's top researchers, and a clinician at the University of Toronto, Dr. Nancy Olivieri was passionate about making drug therapy available to the public. Her specific focus throughout the 1990s was on studying the drug deferiprone, which needed to be tested on children in drug trials to see if it could help with the inherited blood disorder, thalassemia (Olivieri, 2003, p. 32). In 1995 Olivieri and her colleagues found that "liver biopsies in some of the Toronto patients showed dangerous levels of iron overload" (Olivieri, 2003, p. 33). This was of profound concern to Olivieri and her team because toxic levels of iron can cause scarring and have the potential to be life-threatening. When Dr. Olivieri approached her commercial sponsor Apotex (a Canadian-based pharmaceutical company) with her negative findings, and a request to change patient consent forms to include these dangers, the company disagreed that any patients would be at risk. Needless to say, this case raised serious questions about growing reliance on private sector funding for research. However, the Olivieri case is just one of many examples in the literature of corporate interests clashing with patients' health (see Corrigan, 2005).

Each year in the United States a quarter of a million people are experimented upon with one of the latest "new drugs"; however as John Braithwaite argues, the cost of this experimentation can only be justified if the data collection and analysis are reported honestly (1984, p. 51). Regrettably, pharmaceutical companies have not always met these standards of honest reporting.

Budgets, Profits and Creation of 'Disease Markets'

In addition to manipulating the research community and controlling the dissemination of findings, there is evidence to suggest that the pharmaceutical industry also has influenced doctors' prescribing patterns by sponsoring educational upgrades. The total annual marketing budget of the U.S. pharmaceutical companies, including ads, sponsorship of medical conferences and provision of drug samples to doctors, "topped $22 billion in 2003" (McDonough, 2005). According to Ted McDonough, doctors have now become a prime target of pharmaceutical companies' marketing simply because prescription drugs cannot be sold to consumers without exactly that: a prescription. Moreover, most of the $22 billion discussed above is spent on directly persuading doctors to diagnose certain conditions and treat them with a particular company's latest "new" drug, primarily through free drug samples distributed by the drug company representatives (McDonough, 2005). These representatives, also known as "detailers," are a very important part of a pharmaceutical company's promotion process for their drugs. According to Moynihan and Cassels, drug representatives show up at doctors' offices bearing "food, flattery and friendship-and lots of free samples" (2005, p. 22). This pays off in the end for the pharmaceutical companies since doctors exposed to company representatives are more likely to favour drugs over non-drug interventions and more likely to prescribe medication when equally effective alternatives are available (Moynihan & Cassels, 2005).

Furthermore, doctors are frequently paid by pharmaceutical companies to attend drug company "talks." Often, however, these lectures are given by medical experts who are sponsored by pharmaceutical companies (Moynihan & Cassels, 2005, p. 26). In

addition, practicing doctors are sponsored by the pharmaceutical companies to attend such events in locations around the world and are also offered airfare, hotel accommodations and special receptions and parties "on the house" (Moynihan & Cassels, 2005). Braithwaite argues that the values of these "gifts" indeed "bear a relationship to how heavy a prescriber of the company's products the doctor is, or likely to be" (1982, p. 211). In many studies done on physicians who get visits from sales representatives, "evidence of over-prescribing has been found" (Braithwaite 1982, p. 213). Moynihan and Cassel argue "contacts between detailers and doctors tend to lead to less rational prescribing habits" (2005, p. 24). Under these conditions, can practicing physicians trust the information they receive about the medication they are prescribing? As Marcia Angell argues it is important that "doctors' judgment about their prescription [be] based on real research and education, not on the marketing that passes for it." (Angell, 2004, p. 172). All of these "freebies" add to the cost of the drug itself. Angell notes that such gifts given to doctors to bribe them to prescribe more drugs are in fact illegal, yet companies get away with it because 'gift giving' is accepted if it is said to be used for "educational" or "research" purposes (2004, p. 137). As potentially helpful as modern medical research can be, most critical social science researchers agree that it is crucially important for steps to be taken to properly educate doctors and consumers. Scientific research findings sponsored by pharmaceutical companies must be regulated to prevent the interests of profit-seeking corporations pursuing medicalization from overshadowing the interests of people's health.

After reviewing this literature on medicalization it may not be surprising to learn that in 1999, the pharmaceutical industry was the most profitable industry in the United

States, with an 18.6 percent return on revenues (Conrad & Leiter, 2004, p. 161). Moreover, Angell noted that the ten American drug companies in the *Fortune 500* list for 2002 ranked higher than all other American industries in percentage of sales, assets and shareholders' equity. Interestingly, the combined profits for these ten drug companies were more than those of *all of the other 490 businesses put together* (Angell, 2004). Prescription drug spending in the United States continues to rise more rapidly than anywhere else, "increasing by almost 100 percent in just six years" (Moynihan & Cassels, 2005, p. xiii). Similarly, total spending on drugs in Canada was "almost $20 billion in 2003, up from $16.7 billion in 2001" (Health Council of Canada, 2005). Spending on drugs exceeds spending on physician services, and is second only to spending for hospital services (Health Council of Canada, 2005). In relation to drug spending for women in particular, "drugs that treat diseases and conditions specific to women including breast, uterine and ovarian cancers, menopause, fertility and infertility, reached $5.7 billion in sales in 1995" (Turshen, 2007, pp. 105-106). Growth in drug expenditures is attributed to the introduction of new, more expensive drugs, but also to the fact that more people are taking more drugs today than ever before (See Critser, 2005).

Although the industry's influence on the research community, doctors and patients is not new, their method for creating 'new disease markets' is a relatively new phenomenon being discussed among researchers. Branding pills like Prozac and Viagra is important for sales, but branding medical conditions to create a market for new pills has become increasingly popular in the industry (Moynihan & Cassels, 2005, p. xiv). For instance, Moynihan and Cassels note throughout their book how the history of some relatively recent psychiatric categories, such as "Attention-deficit Hyperactivity

Disorder," "Social Anxiety Disorder" and "Irritable Bowel Syndrome" to name a few, differ from the stories of how other biomedical diseases such as diabetes were discovered (2005). The pharmaceutical industry's goal, according to Moynihan and Cassels, is "to create new ideas about illnesses and conditions...[and to] make the link between the condition and your medicine, in order to maximize its sales" (2005, p. xiv). One of the ways drug companies influence how people think about their common ailments is to turn life problems or difficult experiences into medical conditions. Moynihan and Cassels use many examples to illustrate their argument such as the medicalization of menopause, sexual difficulties and 'antisocial' behaviour. While Moynihan and Cassels argue that disease definitions have expanded to include almost every behaviour as illness, broadening the domain of medicine beyond justifiable bounds, they also note how the causes of these conditions are narrowly portrayed "making it harder for us to see the bigger picture about health and disease" (Moynihan & Cassels, 2005, p. xvii). The larger implications for society as discussed earlier by Illich, are that medication as the first solution often depoliticizes patients' views by locating the source of societal problems solely within the individual.

Direct-to-Consumer Prescription Drug Advertising: Financial Aspects

With medicalization now being driven more by commercial and market interests than by the medical profession (Conrad, 2005, p. 3), the marketing, promotion and advertising of prescription drugs is becoming increasingly popular. More specifically, direct-to-consumer drug advertising or the promotion of information about specific drug treatments provided directly to consumers by or on behalf of drug companies is a key aspect of the medicalization of everyday life. While some direct-to-consumer advertising

has existed in the United States for over two decades, only recently has the pharmaceutical industry substantially increased its investment in targeting consumers directly (Conrad & Leiter, 2004, p. 161). According to Andrea Tone, in 1995 "expenditures on DTCA for prescription drugs had reached $380 million; a decade later it exceeded $4 billion" (2009, p. 218). This expansion is due to the fact that "prior to the early 1980s, prescription products were not promoted directly to consumers" in the United States (Chandra & Miller, 2005, p. 32). Instead, industry advertising was placed in medical journals. During the 1980s however, several companies began to change their marketing strategies, and the first product–specific advertisements directed at consumers appeared. At first, there were a number of concerns around this "new" type of advertising and as a result, the United States Food and Drug Administration (FDA) "requested the industry to voluntarily refrain from advertising prescription drugs directly to the consumer" until the agency could study whether or not the regulations in place at that time would be sufficient to protect the public against DTCA (Chandra & Miller, 2005, p. 33). This "voluntary moratorium" was lifted in 1985 and the industry resumed advertising heavily to consumers (Bell, Kravitz & Wilkes, 2000, p. 329). Although the FDA allowed pharmaceutical firms to market their drugs directly to consumers, regulations dictated that a DTC advertisement must include "a brief summary of indications, side effects, and contraindications" (Bell, Kravitz & Wilkes, 2000, p. 329). While it was easy for companies to meet these requirements for their magazine and newspaper advertisements, it was more difficult to fulfill the brief summary requirement in a broadcast advertisement. As a result, these regulations were "relaxed" in August of 1997 leading to a greater emergence of DTC advertisements on television (Chandra & Miller, 2005, p.

33). Subsequently, the brief summary of a drug's indications, contraindications and side effects could be omitted if instructions were provided to consumers on how to obtain detailed information about the drug through a toll-free telephone number or a web-site address (Berger, Kark, Rosner, Packer & Bennett, 2001, p. 198). Since 1997, researchers have reported that spending on DTC advertising in the United States has continued to accelerate, reaching "$1.9 billion in 1999, $2.54 billion in 2000, $2.77 billion in 2001, $2.71 billion in 2002, and $3.31 billion in 2003" (Chandra & Miller, 2005, p. 33).

DTCA: Mapping the Context for Advertising in the USA and Canada

While Canada's Food and Drugs Act prohibits direct-to-consumer drug advertising, Canadians are still exposed to several pharmaceutical DTC advertisements per day (Gardner, Mintzes & Ostry, 2003, p. 425). According to Gardner, Mintzes and Ostry, this is largely a result of a policy statement released in 1996, which seemed to suggest "Health Canada was ready to relax its interpretation of the Act" (2003, p. 425). Health Canada explicitly stated that when interpreting and enforcing drug advertisements they would be more lenient as to the types of ads they considered illegal. Moreover, in November of 2000, new policy was passed stating that help-seeking advertisements (which inform consumers of new but unspecified treatment options for diseases or conditions) and reminder advertisements (which provide the name of a product without stating its use) were legal, but not product claim advertisements (which include both the product name and specific therapeutic claims). While "Canadian companies are left with 'informational' type advertising campaigns" (Pritchard & Vogt, 2006: 373), direct prescription drug advertising continues to be permitted in the United States. Although product claim advertisements that name the drug (such as Viagra) and make a connection

to the condition it treats (male sexual dysfunction) are illegal in Canada this does not protect Canadians from American ad exposure. According to Mary Vipond, the current state of Canadian mass media is "largely Canadian-owned but filled with American content" (2000, p. 4). More specifically, Vipond notes there is plenty of "spillover advertising" from the United States into Canada (2000, p. 79). This defeats the purpose of having different laws on DTCA in Canada since much of the Canadian magazine audience receives American magazines and is exposed to American advertisements.

Two main bodies assist Health Canada to regulate pharmaceutical advertising to health professionals and consumers by pre-clearing advertisements and handling complaints: the Pharmaceutical Advertising Advisory Board (PAAB) (an independent review agency) and Advertising Standards Canada (ASC) (a not-for-profit self-regulatory body). According to David Gardner, Barbara Mintzes and Aleck Ostry, submissions to the PAAB and ASC are voluntary and as a result, advertisements are released to the general public without being viewed by government regulators or their delegated bodies (2003, p. 425).[4]

Examples of Dangers Associated with DTCA

Yet problems with DTCA are numerous. For example, according to Gardner, Mintzes and Ostry, "heavily advertised drugs tend to be newer and, thus, there is less information available regarding their relative benefits and risks" (2003, p. 426). As a result, DTCA promotes early uptake of many drugs, and can magnify the dangers of prescription drug use in cases where harm has not yet been accurately tested. According

[4] The public assumes that the government would protect their health by promoting the distribution of honest, accurate information about prescription drugs. See Berger, Kark, Rosner, Packer & Bennett, 2001: 198.

to Conrad and Leiter, the majority of DTC advertisements focus on a limited number of drugs. For example, in 2000 "20 drugs accounted for 60 percent of direct-to-consumer advertising" (Conrad & Leiter, 2004, p. 161).

One major class of drugs, proven to be detrimental to patients' health after already being put on the market, can illustrate these points. The first to be banned were some of the replacement hormones for menopause. Although menopause was once a natural part of aging for women, a time when fertility comes to an end, it has recently been marketed as a "depressing" time of hormone loss, which, women are told, brings an increased risk of deadly and frightening disease. For instance, losing estrogens is said to bring about "Alzheimer's disease, heart attacks, colon cancer, cataracts, teeth loss, night sweats, vaginal dryness, bone fractures and more" (Moynihan & Cassels, 2005, p. 43). All of this negative talk is coupled with symptoms, which usually are referred to as becoming troublesome for women and their families (such as mood swings and hot flashes). Although there had been no studies yet completed on long-term effects, "by the late 1980s and into the 1990s, millions of women worldwide" were taking combination hormone replacement therapy (HRT) (Moynihan & Cassels, 2005, p. 50). It was not until a few years after HRT was approved that it was found to be doing more harm than good. Rather than preventing heart disease (as it had been claimed they could do), combined hormone replacement therapy was causing it. Most social scientists agree that accepting this stage of life as a natural part of aging far outweighs the benefits of seeking hormone replacement therapy (Moynihan & Cassels, 2005; Coupland & Williams, 2002). Coupland and Williams argue that the medical discourse surrounding menopause gave

the public imprecise access to the 'facts' about this condition (Coupland & Williams, 2002, p. 426).

The medicalization of menopause is just one example where inessential drugs caused reactions leading to ill health and even death for women. While "thousands of patients die each year from taking medication for *minor* medical problems" (Strand, 2003, p. 18), women bear the greatest burden of harm when it comes to medicalization. The medicalization of femininity and women's experiences is widespread. In addition to safety issues, feminists argue that direct-to-consumer drug advertisements "play a major role in reinforcing stereotypes and encouraging the administration of drugs to women" (Penfold & Walker, 1983, p. 198). Moreover, Tone reports on the history of tranquilizers stating that "tranquilizer ads consistently championed psychotropics as an antidote to 'transgressive' female behavior: being single in a world where women were expected to get married, getting cranky or tired of juggling the dual demands of care giving and breadwinning" (2009, p. 156).

The published works on direct-to-consumer drug advertising (DTCA) discussed in this chapter are replete with information on the consequences of patient overexposure to DTCA (see Berger, Kark, Rosner, Packer & Bennett, 2001; Mintzes, 2002). The literature also covers content analyses of DTCA (see for example Bell, Kravitz & Wilkes, 2000), the effects of prescription drug advertising on pharmaceutical drug prices and physician prescribing patterns (Mintzes, Barer, Kravitz, Bassett, Lexchin, Kazanjian, et al., 2003), the accuracy of claims made in pharmaceutical drug advertisements (Villanueva, Peiró, Librero & Pereiró, 2003; Cooper & Schriger, 2005), and the quality

and quantity of graphs in pharmaceutical advertisements (Cooper, Schriger, Wallace, Mikulich, & Wilkes, 2003).

What this study will be adding to the literature

This review of the literature has shown the ever increasing concern amongst scholars about medicalization, medical power and influence, and more recently DTC advertisements and their effect on the expansive potential of medical categories. The researchers have shown how DTCA is a key tool in the medicalization of everyday life, and how many ads target women and have specific effects on the medicalization of women's lives. There has not been much research done on discourses in pharmaceutical drug advertisements (although Jonathan Metzl's *Prozac on the Couch* looks at advertisements for psychotropic medications in professional journals). Furthermore, there has been no focus on medicalization and women in relation to pharmaceutical drug advertisements in *O, The Oprah Magazine* specifically, which, as a large-circulation and very influential women's magazine, has a significant impact on a wide female audience. This is the goal of this study. Approaching my analysis from this perspective holds the promise of increasing awareness about the consequences of accepting pharmaceutical discourses around health and illness.

The next chapter discusses critical discourse analysis as a useful methodology for understanding DTCA in the context of *O Magazine*.

CHAPTER THREE: METHODS – CRITICAL DISCOURSE ANALYSIS

Introduction

The methodology used in this study is a qualitative critical discourse analysis of pharmaceutical drug advertisements in *O, The Oprah Magazine*. Since the language and visual communication techniques used in pharmaceutical advertisements are carefully crafted to meet particular ends, studying these ads is meant to lead to a clearer understanding of what discourses are conveyed to readers in relation to health, illness and medication. Critical discourse analysis is a method that can facilitate understanding about direct-to-consumer drug advertisements and the meanings they convey about health, illness, and medicine.

Critical discourse analysis is also useful because it is an unobtrusive methodology, and therefore does not "intrude as a foreign element" into the social settings this thesis seeks to describe (Lee, 2000, p. 2). Critical discourse analysis takes a particular interest in the relation between language and power, and as such seems to be a valuable research tool for exploring medical discourse and its connection with power and control. In this way, critical discourse analysis provides a useful approach to better understand the potential problems caused by pharmaceutical drug advertising by illuminating the ways in which discourses reiterate particular ideas around health, illness and treatment.

What is Discourse?

Before understanding what critical discourse analysis is, it is important to understand first, what is meant by the term discourse. Discourse is described differently in different disciplines such as linguistics, psychology and sociology. "Multiple

perspectives on discourse mean that there are multiple definitions of discourse and of what counts as discourse (eg, spoken language, written language, language use above the level of the sentence, etc.)" (Wood & Kroger, 2000, p. 3). Discourse, according to Gillian Rose, "refers to groups of statements which structure the way a thing is thought, and the way we act on the basis of that thinking" (2005, p. 136). According to Sara Mills, "discourses structure both our sense of reality and our notion of our own identity" (2004, p. 13). Thus, the term discourse "refers to much more than simply printed text" (Mills, 2004, p. 225). Discourse is therefore useful in that it can allow us to "analyse similarities across a range of texts as the products of a particular set of power/knowledge relations" (Mills, 2004, p. 21). Although there is not a single, clear definition of discourse, and therefore not one but multiple ways of using critical discourse analysis as a research method, all definitions point to the fact that critical discourse analysis provides a unique opportunity to examine texts in a number of meaningful ways.

Why Critical Discourse Analysis rather than Discourse Analysis?

Discourse analysis is loosely defined as "the close study of language in use" (Taylor in Wetherell, Taylor & Yates, 2001, p. 5). Discourse can also refer "to the full range of practices, structures, and media that saturate our world and ourselves with meaning," and therefore, contributes to how knowledge is constructed and produced through social relations (Carroll, 2004, p. 225). The notion of being critical, according to Ruth Wodak, is to be understood as "having distance to the data, embedding the data in the social, taking a political stance explicitly, and a focus on self-reflection as scholars doing research" (in Wodak and Meyer, 2001, p. 9). Thus, employing a *critical* discourse analysis is essential to make connections between texts and our social world. According

to William Carroll, critical discourse analysis (as opposed to simply discourse analysis) "provides ways of challenging *systems of knowledge and power* by interrogating and contextualizing dominant discourses" (emphasis in original, 2004, p. 225). In general "CDA asks different research questions" than other qualitative methods (Meyer, in Wodak & Meyer, 2001, p. 15). Teun Van Dijk argues "CDA is a – critical – perspective on doing scholarship: it is, so to speak, discourse analysis 'with an attitude'" (in Wodak & Meyer, 2001, p. 96). The purpose of critical discourse analysis, then, is to think of discourse as having particular effects on particular people (Mills, 2004, p. 16). This study is not focused on the linguistic notion of discourse (which would look at specific constituent units and sentence structure in the ads), but rather on the broader meanings that both the visual and textual elements of the ads convey, in order to discover how they structure meaning around pharmaceutical drugs and illness in *O Magazine* specifically.

Why Critical Discourse Analysis is useful for this study

Critical discourse analysis or CDA is meant to provide an increased awareness of the multiple meanings and assumptions that can be encoded in advertising, thus creating space to explore beliefs and to include critical analysis within the debate. For instance, through the mass media, dominant groups attempt to exert control over access to public discourse. Moreover, "language is entwined in social power in a number of ways: language indexes power, expresses power, [and] is involved where there is contention over and a challenge to power" (Wodak, in Wodak and Meyer, 2001, p. 11). So although discourses in the media often use language to reinforce their own position of dominance, critically analysing these discourses can facilitate change. Michael Meyer states that critical discourse analysis "follows a different and a critical approach to problems, since

it endeavors to make explicit power relationships which are frequently hidden, and thereby to derive results which are of practical relevance" (in Wodak and Meyer, 2001, p. 15). By taking an interest in the ways in which discourses are used in various expressions and manipulations of power, CDA can not only discover when and how power is exercised, but also create opportunities to challenge it.

There are multiple ways of doing a critical discourse analysis since discourse analysis can function as both a theory (a way of thinking about discourse) and a methodology (using discourse as data). Critical discourse analysis provides an understanding of discourse that is both sociological (to recognize the structuring of text) and post-modern (to identify the interactional dimensions of discourse) (Carroll, 2004, p. 264-265). In relation to my research, further understanding the complexities of language used in pharmaceutical texts can create critical awareness of the ideological processes within the discourse. Thus, CDA will enable an understanding of the ways in which knowledge is organized and communicated in specific places.

Concerns about CDA

Although this methodology seems appropriate for my research, there are inevitably authors that discuss its inherent weaknesses and implications. Critical discourse analysis can be criticized for being a matter of interpretation. For instance, Widdowson argues that critical discourse analysts confirm their own values, that CDA is a merely a subjective process (Widdowson, 2004). However, any account of a social phenomena or situation inevitably reflects the researcher's own partial understandings and special interest. This research does not aim to provide one knowledge or Truth, as this would deny the diversity of viewpoints and experiences of others who are involved in

the subject of the study. So although some researchers assume that the knowledge obtained in this study will be partial and relative (related to my world view and value systems), it can be said that all arguments are subject to their own deconstructive readings and counter-interpretations. Moreover, since complete neutrality is impossible, Stephanie Taylor suggests "the researchers' influence must be taken into account and even utilized" to some extent (in Wetherell, Taylor & Yates, 2001, p. 17). As long as I attempt to understand the influence of my own presence and actions - including the relevance of my own identity to the research - then I can be aware of the potential ethical complexities I bring to this study.

David Gauntlett states "we cannot assume that these messages have a direct impact on people, of course; and it is not necessarily the case that the mass media are adding these messages into society – perhaps the media are only circulating ideas which already seem like common sense to many people" (2002, p. 123). While this study will not be able to assess if the discourses in pharmaceutical drug advertisements directly affect people's decision-making and thus contribute to medicalization, we know from Chapter Two that medicalization is on the rise as more people actively seek out medication. A critical discourse analysis of these magazine drug advertisements can facilitate different knowledges regarding the pharmaceutical industry, as well as their meanings and significance, "but also [it will] root out a particular kind of delusion" by creating awareness through "demystifying" pharmaceutical discourses (Wodak, in Wodak and Meyer, 2001, p. 10).

Research Source and Sample

Direct-to-consumer (DTC) advertising of prescription drugs is widely used throughout North American in varied forms such as TV, radio, magazines, and newspapers. Magazines in particular have become a very specialized medium for the dissemination of information. In fact, there are about 500 consumer magazines in Canada (Berkowitz, Crane, Kerin, Hartley & Rudelius, 2003, p. 503). I have chosen pharmaceutical drug advertisements appearing in four issues of *O, The Oprah Magazine* from 2006 as the material for critical analysis in this research study. I chose this specific magazine for several reasons. First, Oprah Winfrey is one of the most successful and influential women in the world (Illouz, 2003; Wilson, 2003). Although Oprah's magazine is fairly new (launched in April of 2000), it became immediately prosperous and was called "the most successful magazine start up in history" (Illouz, 2003, p. 3). The obvious cultural visibility and economic size of the Oprah phenomenon provides a good reason to undertake a study centering on ads in her magazine. Secondly, *O Magazine* is a monthly magazine with an average monthly circulation of 2,394,303. Thirdly, this US magazine was chosen over a Canadian magazine because, as mentioned in Chapter Two, Canadian magazines are forbidden to have product claim direct-to-consumer drug advertisements. As a result, the ads found in American magazines are geared more towards "selling sickness" (as Moynihan and Cassels would label it) and carry more content for analysis. Also, American magazines tend to dominate Canadian magazine stands due to border seepage, and are therefore just as popular here as in the US (Vipond, 2000). *O Magazine's* total paid and verified circulation (including paid subscriptions and single

copy sales) in Canada specifically for the January 2008 issue was 153,711 (omediakit, advertising, 2008).

Using drug advertisements as a main source of data rather than other advertisements found in *O Magazine* is important because prescription medications directly affect the health of people and as a result, "have greater social relevance than the products of almost any other industry" (Gereffi, 1983, p. 167). Of the drug advertisements in *O Magazine*, 21 are utilized for analysis, taken from four issues of the magazine in 2006: January, April, July and October. These ads from 2006 provide the most current data possible for this thesis study. These 21 advertisements will prove to be examples of the larger points made about the industry (as discussed in Chapter Two).

Advertisements from different pharmaceutical companies were sought (for example Novartis, Pfizer, etc) to gain a representative sample of the pharmaceutical industry in general, rather than one company specifically. The advertisements collected for analysis vary in content. Some advertisements promote prescription drugs for minor ailments such as constipation/abdominal discomfort and allergies. There are also ads for mood disorders such as depression and bipolar disorder as well as for potentially life-threatening conditions like breast cancer and blood clots. Since I am reviewing ads in a women's magazine, the goal of this thesis is to analyze advertisements directed mainly at women.

This research is focused on analyzing prescription as opposed to over-the-counter drug advertisements because "over-the-counter drugs are generally safe and are for conditions that do not require a physician's diagnosis" (Mintzes, 2006, p. 5). Prescription-only products on the other hand, are "generally more toxic and used to treat

conditions that are not easily self-diagnosed and self-managed" (Gardner, Mintzes & Ostry, 2003, p. 426). Moreover, repeats of advertisements that are exactly the same in size, image and content are not included. Last, an advertisement for bipolar disorder that was not directly associated with any prescription drug was included in this study because it was associated with Seroquil on the website provided in the ad. While treatment for more "legitimate" diseases such as cancer and blood clots have been known to provide dramatic benefits and are often not of concern to social researchers, I have included these ads along with the "new" drugs which provide marginal health benefits, are increasingly unaffordable and carry more risks of adverse drug reactions (Health Council of Canada, 2005). My goal is to explore the common discursive themes among different types of pharmaceutical drug ads.

Data Processing and Analysis

My first step in this analysis was to thoroughly review each advertisement to familiarize myself with the data and contemplate the essence of what these ads were communicating. Next, I coded or categorized the 21 prescription drug advertisements. Coding, according to John Creswell, "is the process of segmenting and labeling text to form descriptions and broad themes in the data" (2002, p. 266). Since discourses are articulated through visual and verbal images and texts and also through the practices that those languages permit, I considered all of these elements in analyzing the discourses. Rose also suggests using the coding process as a systematic method which will allow key themes to be identified (through key words or recurring images) (Rose, 2005, p. 150). This involved reviewing all of the ads again and summarizing the meaning of text segments as well as visual images with one or two code words. During this process, I

asked questions of the data such as "What does this really mean?" "What is being done here?" and "What theme do you belong to?" This idea of asking questions while coding came from Sandra Kirby, Lorraine Greaves and Colleen Reid's book *Experience, Research, Social Change: Methods Beyond the Mainstream* (2006, p. 232). The more questions I answered, the more understanding I had about what was going on in the advertisements.

Once coding was complete, I worked at developing broader themes or categories that reflected issues confirmed or missing in previous research on medicalization, the pharmaceutical industry and direct-to-consumer advertising. For this particular part of the analysis, I wrote each code onto separate cue cards and clustered together similar codes. After much labeling and sorting, I managed to condense the original 150-200 codes into three discursive themes: traditional gender role discourse, normative discourse and responsibilization/autonomous discourse. I report on these findings in detail in the following chapter (Chapter Four), where I also look at the range of practices in *O Magazine* which support the discourses found in the ads.

Conclusion

As sources of information about health, illness, and treatment of symptoms, prescription drug advertisements need close critical study due to the ideological influence they potentially wield. Indeed, pharmaceutical drug advertisements seem a particularly clear example of texts as sites of influence. Thus, CDA can explore how these texts function both in terms of marketing and in terms of social messages. It would be simplistic to say that the pharmaceutical companies who make these prescription drug ads and the people who edit *O Magazine* are malicious, and that their readers are victims.

Gauntlett argues that "the debate needs to be more sophisticated, productive and sympathetic" than that (2002, p. 207). Thus, using this methodology will result in more awareness of the qualities and shortcomings of pharmaceutical drug advertising, and contribute to a more informed debate on the industry's intentions in the minds of readers.

The next chapter discusses how the pharmaceutical industry actively constructs and employs discourses through direct-to-consumer advertisements in *O, The Oprah Magazine*.

CHAPTER FOUR: THE FINDINGS, WHAT THE ADS ARE SAYING

To put the findings of this study into context, this chapter begins with a background on advertising strategies used by pharmaceutical companies in *O Magazine*. I then analyze the data of the study in two parts: a critical discourse analysis of the ad sample, and an analysis of *O Magazine's* practices which support these discourses.

Advertising Strategies in the Context of O Magazine

Magazines are an excellent medium for advertisers because they last longer than other media: they continually get passed around and re-read. As a result, advertisements are seen for a longer period and more often by more people. Furthermore, "print is more productive, dollar for dollar, than television...because the more heavily employed any medium becomes, the more it is laden with the clutter of advertising messages from everybody in the market" (Jones, 2002, p.103). Since television has more and more advertisements, advertisers will encounter progressively lower productivity from their advertising dollars. According to John Philip Jones, "magazines and radio offer ways of stretching cost-efficient reach" (Jones, 2002, p. 103). Although Jones also suggests multiple media as an increasingly valuable process, magazines give media directors a lot of options – they can place their ads on fractional pages, multipage inserts, single pages etc. Moreover, magazines are integrated with the internet. "Most major magazines also have Websites, which opens all kinds of promotional and cross-promotional opportunities for print and online advertisers" (Altstiel & Grow, 2006, p. 196).

Once advertisers establish magazines as their medium, they use a number of techniques to make the advertisement successful. In general, advertisements try to incorporate a combination of the following characteristics, depending on the product and

the consumer: the ad will provide information, highlight the benefits of a product, intrigue the reader, sell an image, command the reader to do something, impress the reader and stand out (by differentiating their brand from the competitor) (Altstiel & Grow, 2006). I will now explore the rationale for why advertisers might choose *O Magazine*, followed by a discussion of the main advertising techniques found in pharmaceutical advertisements featured in the four issues of *O Magazine* used for this study.

Marketing plans, according to William Luther, author of *The Marketing Plan*, begin with knowing who your consumers are and what they want and need (2001, p. 53). In its online media kit *O Magazine* is said to have an audience of 89% female readers, mostly between the ages of 18-54. Also, more *O Magazine* readers (compared to other magazines such as Vogue, Glamour, Martha Stewart Living and Redbook) are reported as being from affluent households, from $75K up to $200K. *O Magazine* also claims to deliver to more moms and reach more readers with college degrees than other magazines.

Advertising is dependent on whether the customer will see the advertisement. Luckily for advertisers, *O Magazine* is one of the best vehicles in any medium for reaching women. For instance, statistics from *O Magazine's* media kit show that the magazine reaches 3.9 million women per month between the ages 18-34, out-performing other magazines (such as In Touch, Self, Elle), websites (such as MTV.com, E! Online, Cosmopolitan.com) and even TV shows (such as American idol, Grey's Anatomy, Desperate Housewives, So You Think you Can Dance and America's Next Top Model). But advertising in *O Magazine* does not assure advertisers that their particular ad will be seen. The advertising writers must also think of a message "compelling enough – or

friendly and intriguing and involving enough – to cause some consumers to pause before they switch off their mental engagement and then to stimulate some of the people who pause to go on further" (Jones, 2002, p. 33). One of the ways to grab readers' attention is to show the consumer how they can benefit from the product (Jones, 2002, p. 35). Most of the ads analyzed for this study open with a direct benefit to the reader. For example, an ad for Lunesta (a sleep aid medication) opens with the message "Discover Lunesta, a sleep aid that can change your nights" (Figure A.2). Similarly, an advertisement for Imitrex states "why let a migraine ruin your life? Get back to your life with Imitrex." However, some ads attempt to sell their product's benefits through more indirect means, by promoting values, images and concepts of love, success, romance and normalcy. This will be discussed in more detail later in this chapter.

According to Tom Altstiel and Jean Grow, authors of *Advertising Strategy,* there are many "nonfact claims" routinely used in advertising. Puffery, for example is "the use of superlatives to tout the greatness of your brand – making it so obvious that consumers are bound to know the claims are exaggerated" (2006, p. 13). Many pharmaceutical advertisers in this study use puffery. For example, an advertisement for Zyrtec, a medication used to treat allergy symptoms, states that it is the "#1 prescribed allergy medicine in the country." Similarly, an advertisement for Zoloft, a prescription drug used to treat depression, states that it is "#1 for millions of reasons." The use of puffery is used to impress the reader but advertisers must also work hard to differentiate their particular brand from their competitors. One way to stand out amongst the competition is for advertisers to talk about their product as being the only solution. According to Jones, "unless a brand has functional features superior to the competition in at least some

respects, it will not be bought repeatedly" (2002, p. 35). An advertisement for Botox Cosmetic claims Botox is "The ONE. The ONLY" while an ad for Zelnorm (for abdominal discomfort) states "Only prescription Zelnorm helps coordinate the nerves, muscles and fluid in the GI tract, so it can start functioning more normally – and you can start feeling better." Secondly, competitors separate their brand from others by stating up front the negative effects it is *not* associated with. For instance, Wellbutrin XL is better than other brands because it works for depression "with a low risk of weight gain and sexual side effects."[5] Similarly, Imitrex for migraines will give you "the relief you need, without drowsiness."

Advertising is also about connecting with the reader, and finding a way to establish a personal relationship with customers. Luther argues that it is important for companies to invest interest in their customer's welfare because "people buy from individuals they like" (2001, p. 106). The pharmaceutical companies behind the advertisements used in this study certainly work hard to build such relationships with their readers. For instance, many ads offer free samples, financial assistance/incentives, alternative health coverage options, as well as phone numbers to call and websites to visit for further assistance. An advertisement for BOTOX states: "to find a doctor in your area visit www.BotoxCosmetic.com." At the bottom of an ad for Zyrtec can be read: "Uninsured? Need help paying for medicine? Pfizer has programs that can help, no matter your age or income. You may even qualify for free Pfizer medicines. Call 1-800-706-2400. Or visit www.pfizerhelfulanswers.com." Similarly an ad for Arimidex, a cancer prevention medication, states: "To learn more about Arimidex, or if you are

[5] It is well known that other antidepressants can cause serious sexual difficulties. See Moynihan & Cassels, 2005, p.33.

without prescription coverage and cannot afford medication, AstraZeneca may be able to help. Call or visit us online." An advertisement for Zelnorm offers free tips for talking to your doctor and a card to fill out and bring with you to your appointment (see Figure A.3).

To further develop a relationship with the consumer, advertisers must establish trust. Some advertisers do this by stating facts about their product. An advertisement for Zyrtec, for example, states: "For the past 10 years, millions of people have turned to Zyrtec to treat their allergy symptoms." Other advertisers use statistics from clinical trials to gain consumers' trust. Femara, a drug used to reduce the risk of breast cancer reoccurrence, states: "Femara was generally well tolerated in two controlled clinical trials." These techniques provide the reader with an image of pharmaceutical companies as helpful, one that they can connect with. Helpful messages tell the reader that pharmaceutical companies understand what they are experiencing and are trustworthy.

Other techniques found in the ads are the use of rhymes and riddles, cartoons versus real people, the use of the present tense, the use of the word patient (inferring the reader is already a patient), and 'before and after' images. It should also be noted that advertisers usually feature beautiful people in their ads.

Advertisers must also include some necessary components in each advertisement for pharmaceutical drugs. These include a list of common side effects, indications and contraindications, precautions, dosage and administration, drug abuse and dependence, and reactions. Most of this additional information is found separate from the actual advertisement, always on the back page (rather than on a 2-page spread) (see Appendix 1 for examples).This type of information must be included because of labeling

requirements with regard to drug products (See Mintzes, 2006 for the difference in regulatory requirements and restrictions between Canada and the USA).

Data Analysis Part One - Critical Discourse Analysis of the Ad Sample

> The [pharmaceutical] industry has promoted the universality of symptoms of emotional distress, aided in the inclusion of problems of living within the scope of medicine, and reinforced popular convictions about the right to avoid suffering, the pursuit of eternal youth and constant happiness (Susan Penfold and Gillian Walker, 1983, p. 193).

This section will look at the study findings using critical discourse analysis as applied to the selected ads. In analyzing the ads, three areas of discourse emerged. First, traditional gender roles reflected in the advertisements and how they intersect with medicalization will be discussed. I will then discuss the normative discourses reiterated in the pharmaceutical advertisements around "proper" behaviour and appearance. Lastly, I will discuss how the pharmaceutical companies behind the advertisements reinscribe autonomy and responsibilization discourses in order to sell their product. Next, each theme will be laid out separately.

Traditional Gender Role Discourses

Of the 21 advertisements gathered for this particular analysis, 16 featured women, another made reference to a woman in the text, two more featured pictures of children, one was a silhouette of four men and one ad featured a man as the patient (see Appendix 1). The discourses emerging from pharmaceutical ads regarding women and gender role stereotypes, discourses that are at the heart of feminism, remain present in advertisements today. Gauntlett argues that historically advertisements in women's magazines represented women as "simpering housewives whose dream was to impress their

authoritative, working husbands" (Gauntlett, 2002). Also, the traditional components of sexual identity for a "healthy personality" are said to consist of "a preference for members of the opposite sex; a clear-cut sex-role identity as either masculine or feminine, depending on one's sex; [and] a gender identity, a secure sense of femaleness or maleness" (Penfold & Walker, 1983, p. 92). Ads can reiterate these discourses by featuring women who are with men (both of which have clear gender identities). They then present medication as being key to their happiness or their ability to function in this role. These discourses are present in many of the advertisements analyzed for this study.

Three examples illustrate how these discourses are used by pharmaceutical companies to promote their medication. The first, an advertisement for IMITREX (Figure A.4), asks "Why let a migraine disrupt your life?" The sufferer is a middle-aged woman with anguished eyes, clenched teeth, and her left hand pressed firmly against her left temple. She is pictured sitting at a table in a nice restaurant with her husband (her wedding band is clearly visible on her left hand). There is a "migraine monster" featured ripping through the page, placed between the woman and her husband, clearly disrupting their romantic dinner. The message here is clear: the woman needs to medicate herself in order to be able to function fully and fulfill her role as a wife. In this example, the woman has not yet sought treatment for her condition.

The second and third example, however, illustrate the contentment a couple can achieve through medication post-diagnosis. A Zyrtec advertisement (Figure A.5) features a heterosexual couple in a boat fishing together. The words below the picture read "Thanks to her Zyrtec, Kelly can spend Saturday with her outdoorsman." The focus here is again on the woman and her ability to be with her male partner. Although there is no

wedding ring visible, the caption alerts the reader that the two are in a romantic relationship. The third example is for a depression medication (Figure A.6). In this ad an attractive heterosexual couple sits opposite each other in a row boat on a sunny day. The woman's left hand, with a wedding ring visible, is resting on the side of the boat as she enjoys the scenery. The man has both hands placed on the oars; he is the one in charge of rowing the boat. The caption at the top of the page reads "WELLBUTRIN XL works for my depression with a low risk of weight gain and sexual side effects" while the caption at the bottom of the ad states "Experience Life." The ad is telling us that depression can take away from one's ability to enjoy daily life experiences, but that WELLBUTRIN XL is the answer not only for depression, but for the symptoms other depression drugs currently cause: weight gain and sexual side effects. The ad implies that with WELLBUTRIN, you can still remain thin and have the desire to please your partner, which will allow you to "Experience Life." This ad from the April 2006 issue of *O Magazine* is demonstrative of the ways in which gender and identity are discursively linked to a brand-name prescription. The discourses in these three advertisements form an understanding around women's role while promoting medication to improve women's capacity to take on that role.

All of the three ads mentioned have images and captions that construct discourses around women's ability to pull themselves together in order to participate in activities with their male counterparts, while looking appealing at the same time. Consequently, these discourses strongly suggest that "inability to function in a traditional female role, inability to cope with being a woman and with woman's tasks, need to be treated with medication" (Penfold & Walker, 1983, p. 199). These portrayals of "proper" femininity

and the message that the featured drugs would be greatly effective are the immediate discourses used to encourage a certain understanding in readers about themselves and their need for medication.

Gendered expectations for feminine fulfillment are also represented through size and rank of the people presented in the advertisements. In *Gender Advertisements,* Erving Goffman notes that the "social weight [of] power, authority [and] rank" can be expressed in advertisements through the relative size of the people in them (1979, p. 28). Of the three ads which feature couples, there is only one where the woman is pictured larger than the man (see Figure A.4). Here the man does not appear subordinated because of class status or rank but by the fact that his wife remains untreated. Johnathan Metzl argues that when a woman appears larger than a man in an advertisement, it "presents her as a threat" (Metzl, 2003, p. 138). Again the woman is shown to be in need of medication to fulfill her proper gender role. In the other two advertisements featuring couples, the man appears larger (see Figures A.5 and A.6). The male is not only larger but he also appears to be in charge. In the Wellbutrin ad (Figure A.5) for instance, the male is pictured rowing the boat while in the Zyrtec ad (Figure A.6) the male is pictured wearing a vest with multiple pockets holding fishing lures, with a knapsack in front of him. These subtle differences in size and specific clues as to role positioning show the reader that the female is subordinate to her husband or partner. In these cases, traditional gender roles are represented through size and rank while at the same time being linked with a brand-named prescription.

The importance of fulfilling particular gender roles is also reinforced in more subtle ways, such as the presence of wedding rings in advertisements. Metzl argues that

middle-aged women wearing wedding rings in pharmaceutical drug ads imply "normativity, stability, and adherence to social mores" (2003, p. 135). Also, Gauntlett argues that magazine advertisements in general "are accused of suggesting that a man is the route to happiness" and that relationships with them should be an important goal for women (2002, p. 190). Wedding rings were clearly visible in four out of the 16 advertisements featuring women (See Figures A.4, A.6, A.7 and A.3). The advertisements for Imitrex and Wellbutrin discussed above are illustrative of Metzl's argument as are two other advertisements, one for Relpax, a migraine medication, and another for Zelnorm, a pill that relieves abdominal discomfort, bloating and constipation. In the Relpax advertisement, a middle-aged African American woman is shown with both hands raised to her temples. Her eyebrows are furrowed and she appears to be in pain. There is a pair of cymbals drawn around her head mimicking the "banging" the woman is experiencing from the migraine headache. The ad reads: "A tough migraine needs a tough migraine medicine." The ring represents tradition because marriage is a custom in North America and a life goal to which most women are supposed to aspire. In the Relpax ad, relating traditional discourses about marriage to migraine medication is significant because it makes the advertisement appealing to readers who have these desires in life. The more different groups of people can relate to an advertisement, the more likely it is that the company will sell its product (Beasley & Danesi, 2002, p. 102). Second, the ring reflects stability by locating the woman in the advertisement within the larger narrative structure of a heterosexual relationship. The migraine she is experiencing is threatening that unit of which she is a part. The smaller print below the advertisement reads: "Relpax works fast. For some people it starts to work in 30 minutes. Most get back to their day in

2 hours." Conversely and ironically, the relationship the woman is in could also be the *cause* of her migraine. This interpretation reinforces Metzl's assertion that "marriage is not an institution that empowers women to become domestic superwomen; it is an arrangement that drives middle-aged [women] to visit [their doctors]" (2003, p. 141). Making an advertisement's interpretation multifaceted allows the ad to appeal to a wide range of readers at the same time. Such discourses are intentionally included in the advertisements.[6] With one simple wedding ring, this advertisement has signaled significant gender stereotypes and linked each discourse to a brand-named chemical cure, which in this case is Relpax. The Zelnorm advertisement (Figure A.3) also uses the subtleness of a wedding ring to reflect traditional gender discourses around marriage and connect it to medication. In this ad the woman is suffering from chronic constipation and her stomach is slightly toppling over her pants. The wedding ring here again symbolizes and reiterates the traditional aspect of marriage and stability. Like the Relpax advertisement, this ad has the potential to relate to both married women and those who hope to get married in the future. The following words are written on the woman's stomach: "Abdominal discomfort, Bloating, Constipation." No matter how uncomfortable this condition makes the woman in the ad, there is still a discourse around the comfort of the fact that she is married. As well as reflecting stability through the presence of a wedding ring, this ad reinscribes traditional gendered discourses around marriage and sex. Sex is considered to be a customary part of a couple's marriage, so the reader can assume that the woman is indeed sexually active with her partner. However, body image can be affected by abdominal discomfort and body image can affect one's desire to have

[6] Nothing in advertising is random or accidental; all details are considered for their impact on the potential consumer. See Steinem, 1994, p. 155-161.

sex – but Zelnorm can help relieve all the discomfort the woman in the ad is experiencing. Here we can see the promotion of a drug through discourses around marriage and gender roles brought about by the presence of a wedding ring.

Discourses surrounding a woman's traditional role as wife, mother and caretaker within the home are also reflected in advertisements through the promotion of children's medications. Since *O Magazine* has a predominantly white, middle-class, female readership, we can conclude with a fair amount of confidence that the advertisements for children's medications are directed at women who fit these criteria. An advertisement for Pulmicort Respules, a children's asthma medication, reflects this point (see Figure A.8). The first caption reads: "Does your child's asthma medicine fit your child?" In this statement the parent or guardian of the child (most likely the mother) is being addressed rather than the child. Moreover, the question emerges from current societal discourses around anxiety and fear about proper parenting. An advertisement for a new ADHD patch is also directed at mothers (Figure A.9). One statement in the ad reads: "When you apply the Daytrana patch, you can help your child get ready for school, homework, and his entire day."[7] Here women's traditional roles as caretakers of the home and children are reiterated. The statements used in both ads reflect traditional discourses around women and gender roles. From the point of view of the pharmaceutical companies, these discourses can help them to relate to woman readers and increase women's awareness of their product.

The same discourse can also be seen in an ad directed at men. The ad for Roserem, a sleep aid medication, features a man who is struggling to control his sleeping

[7] Here the patient is a young male and more boys are diagnosed with ADHD than girls. See DeGrandpre, 1999.

pattern on his own, but in the ad he appears to be unsuccessful. Here Roserem provides that control. However, since *O Magazine* readership is predominately composed of women, this ad is directed at Dr. Mom who through it is assumed to be responsible for the health of her husband and children.

Normative Discourses

> Normality is not a thing that can be plucked out of its surroundings and identified. It depends on an interaction between the definer, the context and that being defined (Penfold and Walker, 1983, p. 41).

As mentioned in Chapter Two, researchers argue that "women have higher rates of depression and anxiety than men" while "men have higher rates...of substance abuse and antisocial behaviours" (Rosenfield 1999, p. 353). Of the 21 ads for pharmaceutical products, three were for different depression medications and two for bipolar medication, while all of them referred to women as the patient. Thus, these advertisements associate mood disorders specifically with women.

Advertisements create anxiety around readers' inadequacies or faults. This creates questions about what is normal and abnormal in order to sell the product, which will cure the shortfalls (Metzl, 2003, p. 132). According to Penfold and Walker, "there are notions that are generally held and taken for granted of what is or is not "normal" in human activities" (1983, p. 36). Friedan argues that normality is "the highest excellence of which we are capable" (1974, 310). One's "highest excellence," however, is dependent on "the cultural norms, society's expectations and values, professional biases, individual differences, and the political climate of the time" (Penfold & Walker, 1983, p. 38). The pharmaceutical drug ads analyzed in this study normalize "patienthood" and promote

medicalization by drawing upon discourses around particular ways of looking, thinking, and acting. Some ads also reflect what was discussed in Chapter Two about normalizing illnesses in an attempt to de-stigmatize the medicalization process.

Prescription medication ads in *O Magazine* that use discourses around improving women's physical appearance and mood capitalize from creating such anxiety. For example, as much as a visible wedding ring in a pharmaceutical drug ad can use discourses around traditional gender roles, the absence of a wedding ring also draws upon gender role stereotypes and ideas of what is "normal" to promote medicalization. Of the 12 advertisements where a wedding ring is not clearly visible, two are about improving physical appearance (see figures A.10 and A.11) and five are about improving mood (see figures A.12, A.13, A.1 and A.6, A.14). In one of the ads for BOTOX cosmetic (Figure A.11), two middle-aged women are pictured smiling as if posed for a photograph at a restaurant while holding up their menus which read "I've waited long enough" and "This is my time." Both women's left hands are visible but no wedding rings are present. There is a discourse here around single women needing to improve their appearance. Janet Walker notes in her book *Couching Resistance* that often "the appropriate role for women involves an appropriate physical appearance" (Walker, 1993, p. 31). The presentation of single women aspiring for a more youthful look illustrates that women are expected to look appealing in order to acquire a relationship. Gautlett argues that advertisements often reflect "the old-fashioned idea that if women manage to be sufficiently lovely and fragrant, then they will be fortunate enough to have a man come along and sweep them

off their feet" (2002, p. 190).[8] The goal implied in this ad, rather than becoming a better wife, is to attract the right man, and improving the way you look through BOTOX Cosmetic is the way to do it. Also significant in the advertisement is the relative appearance and age of the women in it. Both women are attractive and appear to be in their 30s, but the signs they are holding up imply that they have not yet received BOTOX treatment. Thus, the advertisement is using discourses around appearance to suggest to an even younger market of women that it might be their time to see their doctors in hopes of looking younger still.

One of the advertisements for depression medication also illustrates Metzl's argument that advertisements create anxiety by showing an inadequacy and then a product that resolves the state of tension, but in this case the focus shifts from improving your looks to improving your mood. In a two-page advertisement which appeared in the April 2006 issue of *O Magazine*, two pictures construct a visual narrative of a woman "caught in the cycle of depression" (see Figure A.1). On the first page is a picture of the woman before medication (with depression) and the second page has a picture of her after medication. In the 'before' picture, the woman is slouched over her desk at work with one hand held up to her head. She appears forlorn. The caption over the second picture reads "break the cycle with EFFEXOR XR" and here the woman appears to have done just that as she is now smiling and cheerful. Depression, it is implied, is disrupting her from living a successful life as a working woman. It can also be concluded that the woman's job is the cause of her depression. With either interpretation, EFFEXOR XR can change that by "breaking the cycle." In this ad, social and cultural tensions and anxieties are used to sell

[8] There are heterosexual assumptions behind the ads, however, this makes sense as the demographic aim of *O Magazine* readership is heterosexual women (omediakit, facts, 2008).

the product. In order to remain an ambitious working woman, both inside and outside of the home, it is implied that one might need some assistance through medication. Or, in order to be content in a dead- end job, one needs to take medication.

Many other advertisements in *O Magazine* were replete with discourses around 'normal' physical appearance and mood. For instance, textual and visual discourses that mimic the self-critical voice that often plague women were found. Slogans like "Still caught in the cycle of depression?" (Figure A.1), "You had early stage breast cancer. You completed Tamoxifen. Now what?" (Figure A.15), and "Does your Child's asthma medicine fit your child?" (Figure A.8), promote anxiety in an attempt to make readers ask themselves: "have I done enough?"

In addition to using normative discourses around appearance and mood in order to sell their product, some ads normalize patienthood and treatment in an attempt to de-stigmatize and support the medicalization process. An advertisement for bipolar disorder illustrates this point. The first page of the three-page spread in the July issue of *O Magazine* features a woman staring into a mirror. She appears desperate, as if she is looking to the mirror for answers. The caption warns "Sometimes there is another side to depression." The second page has a series of pictures of the woman's erratic behaviours: "Talking too fast," "Sleeping less," "Buying things you don't need" and "Spending out of control." The caption below the pictures suggests "It could be bipolar disorder." The last page of the advertisement features a set of questions for readers to answer which will help them talk to their doctor about whether they are suffering from depression or bipolar disorder. Just below this questionnaire, readers are referred to the website www.isitreallydepression.com. When you visit the website, and click to "learn more

about a treatment for bipolar," you are led to another website for the prescription drug Seroquel. The fact that Seroquel is not directly associated with bipolar disorder in the advertisement itself is significant because it normalizes the illness first. Here the pharmaceutical company AstraZeneca is attempting to show that "Racing thoughts," "Flying off the handle," getting less sleep and compulsive spending are no longer a part of a normal life. Instead, they are symptoms of a psychiatric condition with a pharmacological solution. This type of ad encourages readers to consider themselves as possibly mentally ill. The ad is not just selling a drug, but the disease that goes along with it. As noted earlier in Chapter Two, advertising of this kind turns ordinary behaviours into symptoms, which make seeking medical assistance appear normal, if not essential.

In addition to using anxiety to normalize the consumption of medication while de-normalizing average appearance and everyday behaviours, the advertisements also use fear about the illnesses associated with the prescription drugs they are promoting. For instance, patients are often pictured either looking depressed, in distress, or in some sort of pain from the ailment the drug is being advertised to treat (see Figures A.4, A.1, A.16, A.14, A.7 and A.17). A sense of fear is communicated around being in the same physical or emotional pain pictured in the ads, and the harm you can cause yourself and your relationships if you do not seek treatment. Using prescription drugs to treat minor symptoms before they worsen, for instance, is the message in an advertisement for Zoloft (Figure A.4). The first line of the smaller print at the bottom of the ad reads: "Depression is a serious medical condition, which can lead to the risk of suicidal thoughts and behavior." This communicates a sense of fear to encourage help-seeking. Readers are warned that their symptoms could worsen and lead to death if they wait. To avoid this

problem, however, readers are told in every ad "to ask" or "talk to" their doctor about medication, in this case Zoloft. Here fear is used to normalize patienthood. Pharmaceutical companies use discourses around existing cultural fixations to communicate anxiety and fear in order to promote their chemical solution.

Autonomy and Responsibilization Discourses

Many of the studies conducted on discourses in pharmaceutical drug advertisements focus on advertisements from medical journals, study the discourses in historical advertisements or seek to explore gender representations in a variety of advertisements from multiple magazines. Metzl's study focuses on women's traditional roles and how women's "madness" is seen as being caused by the absence of a man. Although these discourses still exist today, and it has been shown that they are reflected in some of the direct-to-consumer advertisements in *O Magazine*, pharmaceutical drug companies do not deny the advancement of women's place in society and the changes in gender roles brought about by feminist movements throughout the years. Many ads portray women as more independent than they were a half-century ago. According to Metzl, "the women's movement had fundamentally changed conditions for many women" (2003, p. 152), helping them become more independent. Throughout the 1990s for example, more women began seeking corporate and professional employment. Today many women have successfully gained a place for themselves, by themselves, and outside of the home. These societal shifts are reflected in the discourses present in the advertisements examined.

In a partial recognition of these societal shifts a minority of the advertisements used in this study focus on portraying women as confident, self-assured, unafraid to ask

for help and able to recognize that conditions are not always shameful. This is done in an attempt to help modern women identify with the women in the ads. An advertisement for Lunesta (Figure A.2), for example, a sleep aid medication, shows a picture of a young woman in bed enjoying a "peaceful, restful sleep." The caption states: "Discover Lunesta, a sleep aid that can change your nights." The image uses a different discourse than what was discussed earlier around gender stereotypes and illness. It provides a narrative of what Metzl states is of "treatment rather than of illness or of follow-up rather than of diagnosis" (2003, p. 153). The woman no longer has symptoms, unlike the women in the ads for Imitrex and Relpax discussed earlier. More important, however, is the fact that while the woman in the advertisement enjoys her "restful sleep," she also seems free from the pressures of "momism, men or misogyny" found in many other ads (Metzl, 2003, p. 153). For instance, the woman does not appear to be constrained by a relationship or a family. Only her right hand is visible and there does not appear to be anyone in the bed with her. In fact, the woman is sleeping between the two pillows of a non-single bed, a clear sign that no-one is missing, or that she is not expecting someone to join her later. This woman, it seems, has chosen to seek medication for sleep in order to rest well and become more productive for herself, most likely in the working world.

In another ad for Plavix (a pill that supposedly provides protection against a future heart attack or stroke), readers are introduced to Janice. Janice is hard-working, African American,[9] and middle-aged. We are told she is a "formidable woman" who is in charge of "4000 students and staff." Janice also does not fit into the category of the traditional, normative woman patient as discussed earlier. Instead, she is an intelligent, well-educated

[9] Race and affluence is important as *O Magazine* aims at reaching more affluent African American woman than any other magazine (omediakit, facts, 2008).

career woman. After the Great Depression, a woman getting a career meant more than just a job, "it seemed to mean doing something, being somebody yourself, not just existing in and through others" (Freidan, 1974). Janice's left hand is clearly shown without a ring. Is Janice so formidable that she cannot find a mate? Or does she not need one because she is content on her own? There are two possible contradictory discourses at play here. The readers are left again to come to their own conclusion. Both interpretations, however, promote the use of medication to readers. The ad also tells us that Janice "was no match for something smaller than the point of a pencil – A CLOT" (see Figure A.18). Being "no match" for a clot insinuates that there is a competition of some sort taking place within Janice. She wants to be in control, but she has to submit to her weaknesses at some point and face the fact that she might need the help of medication. This type of dependency discourse intersects with the gender discourses around needing a man. According to Janet Walker, "the working woman in women's service jobs such as secretary or teacher, and the promise that with drug therapy she will better carry out her appropriate role may all be found" (1993, p. 29). As noted earlier, "advertisements....are texts that profit by ambiguity" (Metzl, 2003, p. 143). The ad can be read equally both ways: that Janice can be empowered and have control or that Janice needs to submit to medication in order to remain in charge at work. Clearly, such an ad is likely to be successful due to the fact that it is able to connect the tensions around gender and gender role stereotypes that are present today with medication.

Many other examples reflect these discourses around the independent, autonomous patient. An ad in the January issue of *O Magazine* for Imitrex (a migraine medication), tells the reader to "Get back to your life with Imitrex." This ad appears to

give the reader the power to get help and get back to her life routines. However, as discussed in Chapter Two, although there is a discourse around choice and control over the situation, the advertisers are associating that "choice" with a particular medication. In a sense, the reader's choice has already been made for them by the advertisement. The discourse in the ads provides an illusion of autonomy and control, but real control and independence can only be achieved with medication. This will be discussed further in Chapter Five.

The discourse around autonomy in some of the advertisements in *O Magazine*, lead to discourses around power and responsibility. Many of the direct-to-consumer advertisements analyzed in this study ask readers to think like doctors when viewing the image, to "recognize the presence of [an illness] and to construct a diagnostic narrative that leads to the conclusion that the object of their gaze requires treatment with a specific brand of medication" (Metzl, 2003, p. 148). It communicates a discourse around power relations by including the patient in the diagnostic process in a new way. In the past, the doctor always had the knowledge and power over the patient. Now, with direct-to-consumer drug ads in popular magazines like *O*, patients are fed the "facts" directly and led to believe that they know what is best for their ailment. An advertisement for bipolar disorder illustrates this point. This three-page ad featured in the January issue of *O Magazine* identifies with the reader by stating "where you've been" with "mood swings and relapses," and discusses "where you want to go" with "treatment to help stabilize your mood swings." Just below these explanations is a paragraph on "how to get there" with prescription ABILIFY and a brief overview of how ABILIFY is thought to work (see Figure A.12). Once educated about bipolar disorder and prescription ABILIFY to

treat it, the readers become responsibilized to change their situation if this matches what they or someone they know suffers from. Readers are told to "ask your doctor or healthcare professional if ABILIFY is right for you." Discourses around responsible patients who get the facts and ask their doctor are then communicated. This type of ad implies that when you read up on an illness and its medication in a magazine ad, you are more educated about it and when you ask your doctor, you are in control. However, Moynihan and Cassels argue that advertising "has got nothing to do with the public's education" (2003, p. 106). Direct-to-consumer advertisements such as this one, by their very nature as *advertisements* have one goal in mind: to sell a product.

There are many other ads that contain this discourse around the patient being in control and responsible. All of the 21 advertisements in this study refer to asking or talking more to your doctor. For example, an advertisement for Zelnorm, a medication for chronic constipation, says "relief can start by asking." Moreover, two advertisements analyzed in this study were for children's medication. Both ads are in the October issue of *O*[10]. The first is for Pulmicort Respules which is an asthma medication made especially for children; the other ad is for Daytrana, "the first and only patch for ADHD" in children. Both ads suggest that readers "ask" or "talk" to their doctors about the medication for their child. In these last two cases however, children are featured as the patients but readers are likely to be concerned parents. Parents here have a dual role to educate themselves about their own health as well as their children and be responsible for taking proper care of both.

[10] October is back to school season and issues of health/wellness weigh heavily on parents minds at this time of year.

Many of the pharmaceutical drug advertisements found in issues of *O Magazine* used in this study center around a discourse of helping readers be independent, feel worthy and take control with the use of medication for different ailments. One advertisement for Effexor (an anti-depressant drug) in the April issue of *O* reads: "EFFEXOR XR, The change you deserve." Another advertisement in the same issue is for BOTOX Cosmetic. It features a happy thirty-something woman holding a sign that reads: "I did it for me." While these ads may appear at first glance to be empowering of readers, a solid sense of self-worth, although arguably essential for living a healthy life, cannot be found in a prescription. Self-worth is unattainable through any synthetic substance. It requires more than a "quick fix." According to Starr, "[self-confidence] springs from self awareness and discipline. It's about understanding your limitations and making the effort to rise above them" (1999). These advertisements communicate a discourse that says that prescription medication is more than a simple product, it is a healer of low self-esteem. Some of the implications of such discourses will be discussed in the next Chapter.

Conclusion

While analyzing the discourses in pharmaceutical drug ads in *O Magazine*, it was important to remember the main purpose of advertising: to sell a product. It has been shown that the ads in *O Magazine* attempt to do this through the readers' identification with the women in the ads, whether it is on a physical, emotional or psychological level. This type of advertising tells a story about femininity – it models and idealizes certain roles and behaviours. The power of the discourses coming from the images and texts in the ads is due to the fact that women are not confident about their current identities.

William O'Barr argues "representations of gender in advertisements provide powerful models of behavior to emulate or react against" (2006). These discourses aim to communicate a need and desire for medication because "women are so unsure of who they should be that they look to this glossy public image to decide every detail of their lives" (Freidan, 1974, p. 72). If pharmaceutical companies can create ads that readers can relate to and reiterate a need for medications through these discourses, they will likely sell their product.

While it is important to discuss the discourses within the advertisements, this analysis also includes situating the ads within the context of *O Magazine* specifically.

Data Analysis Part Two - Contradictory Messages: An Analysis of O Magazine Practices

Through analyzing the juxtapositions of articles and pharmaceutical drug ads in four issues of *O Magazine*, contradictions were found between the articles, the ads and statements made by the magazine. I also looked at juxtapositions in racial representation. *O Magazine*'s positioning statement reads: "[O Magazine] addresses every aspect of a woman's life – the material, the intellectual and the emotional" (omediakit, edit, 2008). Yet an analysis of the magazine shows that it seems to focus more on the material aspects of a woman's life than on the emotional or intellectual aspects. A look at the advertisements in *O Magazine* supports the idea that the focus is on commodification. For instance, there are almost 500 advertisements (for clothes, food & drink, cosmetics, promotions, accessories, charities, home life, automotive, travel, pharmaceuticals and other ads) in only four issues of *O Magazine*, which averages to over 100 pages of advertisements per issue.

Table 4.1: Monthly topic, pharmaceutical ailments advertised, and context of each pharmaceutical advertisement in *O Magazine*.

Issue	Focus/Topic of the month	Ailments Advertised with Drugs	Situating ads in context of month
January	Happiness	-bipolar disorder -breast cancer prevention -depression -migraine	Winter, can be dreary, lonely
April	Beauty	-sleep apnea -allergies (x2) -wrinkles -breast cancer prevention -depression (x2) -migraine -blood clot prevention -asthma	In spring people start to talk/worry about allergies Asthma flares up in the humid summer months
July	Getting in touch with your feelings through reading books	-bipolar -migraine -abdominal discomfort, bloating and constipation -depression -bipolar disorder	Bloating is not pleasant in "swim suit season"
October	Beauty and aging	-children's asthma -wrinkles -ADHD -sleep apnea	Back to school season, issues with children's health/wellness weigh heavily on parents minds

More contradictions were found in *O Magazine* 's vision and position statements. While flipping through the pages of *O Magazine* to search for pharmaceutical drug advertisements, I began to wonder: what exactly is *O Magazine* all about? The founder of *O, Magazine*, Oprah Winfrey, writes: "*O, The Oprah Magazine* is a catalyst that helps confident, intelligent, affluent women live their best life" (omediakit, edit, 2008). While this is, at first read, an inspiring position for a women's magazine, an in-depth analysis discovered that the "help" Oprah is referring to is not that easy to decipher. While gaining

an understanding of the discourses in the pharmaceutical advertisements in *O Magazine*, I found contradictions between the messages in some of the articles written for *O Magazine* and the discourses emerging from the pharmaceutical drug advertisements throughout the magazine (see Table 4.1). Different messages are sent to the reader about what kind of help to seek in order for women to "live their best life."

Juxtapositions of Articles and Pharmaceutical Ads in Each Issue of O Magazine

In the January 2006 issue of *O Magazine*, contradictory messages around happiness and how to be happy can be found. Oprah's "here we go O" section (a section in her magazine where Oprah summarizes what lies ahead for each month's issue) is about "11 women who are doing work that gratifies, exhilarates and makes them really happy." Oprah talks about wanting to motivate women for the New Year ahead with this issue. With this month's focus on happiness, Dr. Phil has a section on "sparkling, self assured women," and talks about how to be someone everyone wants to be around by falling in love with yourself. Also, there is a small section on mindfulness that suggests:

> mindfulness teaches us to notice our thoughts, feelings and bodily sensations without immediately categorizing them as good or bad. We learn to be more compassionate toward ourselves, responding to our thoughts and feelings as a friend might, rather than as a slave to a master. Rather than be overwhelmed or ruled by our feelings, we become better able to choose how we want to feel and act in difficult situations (January, 2006, p. 38)

These pieces of advice related to happiness come before an advertisement for Abilify, used to assist anyone suffering from bipolar disorder. In this advertisement, the woman is not able to face forward, to face life (see Figure A.12). She definitely lacks confidence,

self-assurance and happiness. Abilify is recommended to help stabilize mood swings, rather than getting in touch with your personal truth as Dr. Phil suggests or becoming more present to your own feelings.

The January issue of *O Magazine* also has a section called "O to go." Here you can find small cards you can rip out and keep. This month's "O to go" consists of smart cards that you can tape inside your medicine cabinet as a guide to what works for what when you are in pain. These cards contain remedies for everything from localized aches and pains to intolerable, recurring pain. *O Magazine* is quick to note that the remedies for chronic or acute pain are not "killer painkillers like Vioxx and Bextra." Instead, "O to go" suggests CELEBREX, "an anti-inflammatory in the same category as Vioxx and Bextra...but Celebrex remains available because it appears to hold more potential for benefit than risk for certain patients." The cards also suggest topical creams and over-the-counter (OTC) pain relievers for mild aches and pains such as a headache. Most of the remedies suggested are the opposite of what the pharmaceutical ads are pushing: prescription drugs. These "O to go" cards come before the IMITREX advertisement for a prescription drug for migraines. For tension headaches, "O to go" suggests you first consult your doctor. Only OTC medications are suggested (such as acetaminophen, aspirin, ibuprofen and naproxen sodium). Prescription drugs are only suggested for chronic and intolerable, recurring pain, and it is noted up front that side effects may occur. Suggestions are made about who should and should not consider taking certain drugs. On these smart cards, it is easy to read the side effects and contraindications, unlike pharmaceutical advertisements where this important information is placed in smaller print, usually on a separate page. Mixed messages are sent to readers of *O*

Magazine about what kind of help to seek when in pain; pharmaceutical drugs are suggested through advertisements while over-the-counter medication is suggested by *O Magazine* writers.

Another example of contradictory messages about what kind of help to seek in order to "live your best life" can be found in an article on guided imagery (p. 158, January 2006). This article claims: "inside everyone (and that includes you), there's a brilliant coach who'll help you solve all your problems, kick depression, ditch anxiety, manage deadlines, fight off flu, and even recover faster from surgery." Rather than prescription drugs, this article suggests using guided imagery for numerous health conditions and personal issues "from easing headaches, to losing weight, to coping with grief to speeding recovery from sports injuries." The four pharmaceutical advertisements that precede this article offer medication as the first and only solution for bipolar disorder (Figure A.12), breast cancer (Figure A.15), depression (Figure A.13) and migraine relief (Figure A.4). Guided imagery claims that people know themselves better than any expert would. It gives people the power to help themselves first, before seeking expert advice. This article on guided imagery quotes David Bresler, Ph.D, a clinical health psychologist and president of the Los Angeles-based Academy for Guided Imagery, as saying: "when you rely only on pills and procedures, you just pave over symptoms – and shoot the messenger." Although this article does mention "if you want to delve more deeply into a medical or emotional issue, you have another choice – to work with your personal practitioner," the messages being sent to readers around dealing with health, illness and healing in this issue of *O Magazine* are quite different from pharmaceutical drug advertisements.

In the July issue of *O Magazine*, contradictory messages around dealing with one's feelings can be seen. This month's "here we go O" is about books and literature. Oprah tells readers to live, laugh, take a chance and become enlightened through books. She offers books as a way to help her readers feel different emotions. This issue also has articles on how to deal with different feelings, from letting go of personal tragedies and being in the present moment to dealing with pain and other demons through talking to friends and facing your problems. Yet in this issue of *O Magazine* there are two ads for bipolar disorder, and one ad for depression – which are mental illnesses affecting a person's mood and emotions. The articles in *O Magazine* suggest dealing with feelings through reading a good book or talking to someone while the pharmaceutical advertisements suggest dealing with difficult feelings through medication.

In both the April and October 2006 issues of *O Magazine,* ideological inconsistencies around beauty were found. In her "here we go O" introduction for April, Oprah writes: "I believe there's beauty in you." In October, "here we go O" is also about beauty with a more specific focus on the link between beauty and aging. Here Oprah focuses on how time brings wisdom and understanding: "forget about how old you are. The real question is: how old do you feel?" The April issue of *O Magazine* features sixteen articles focusing on inner beauty. An article by Anne Lamott (p. 259) titled "love me, love my imperfections," states: "this culture's obsession with beauty is a crazy, sick, losing game, for both women and men..." (p. 260). Valerie Monroe, *O Magazine's* beauty director, writes: "inner beauty, unlike physical beauty, which grabs the spotlight for itself, inner beauty shines in everyone, catching them, holding them in its embrace, making them more beautiful too" (p. 256). While April's issue is focused on the

importance of finding your inner beauty, an advertisement for Botox Cosmetic can be found prior to these articles (p. 168). Here we see the double message: to find your inner beauty and also to be hyper-concerned about your outer beauty and appearance.

Similar to the April issue of *O, Magazine*, October's issue features much advice and guidance about accepting your own personal beauty. An article on aging features a quote: "instead of denying age, trying to hide it, or getting all gloomy and depressed about it, we might as well get good at it" (pp. 300-301), while another article gives readers advice on "how to live happily ever after with the person you turned out to be" (p. 312). Another article on aging talks about Botox (p. 158): "that is why I balked in horror when my old friend suggested I color my hair. In my mind, that was one step on a slippery slope into beauty obsession. What would be next? Botox injections? Liposuction? A tummy tuck?" These articles attempt to steer readers towards self-acceptance no matter what imperfections they might think they have.

Another section of this issue includes a 16-page guide to staying healthy and strong as you age, without medication. One article refers specifically to stress (p. 196): "can stress really age you?" The answer is yes, "stress can age our cells by ten years or more." Their suggestions for interventions to prevent this aging are "meditation, yoga, exercise, the support of friends and family, and seeing the glass half full can halt and perhaps even reverse the process." Bruce McEwen, Ph.D., Director of the neuroendocrinology laboratory at Rockefeller University in New York City, says "Americans have been so focused on finding that magic bullet, the quick fix, the pharmacological treatment to slow aging...we don't realize there's a lot we can do to help ourselves." An article featuring a decade by decade guide to exercise states: "if there's a

magic pill for staying youthful, it may be one that's hard to swallow: exercise" (p. 200). After all of this good advice on accepting the way you look and exercising to stay healthy, the page following this 16-page spread is an advertisement for Botox Cosmetic – the exact quick fix Bruce McEwen is referring to. The ad for Botox sends a message that is the opposite of what this issue of *O Magazine* is said to be about – finding beauty in the way you are and preventing aging without medication or invasive surgeries.

Another example of contradictory messages sent to readers can be found in an article in the October "bodywise" section promoting Yoga for insomnia: "One solution [to insomnia] is to reach for a pill. In fact, the number of adults ages 20-44 using prescription sleeping medications doubled between 2000 and 2004, reports Medco Health Solutions, a large pharmaceutical benefits manager." This article goes on to note that "the drugs are generally not recommended for long-term use, and many people aren't comfortable taking them. For those who can't sleep, a growing body of research suggests that an alternative treatment is surprisingly effective: yoga." Yoga classes devoted to combating insomnia with breathing, meditation, chanting, and poses are suggested as being in opposition to medication: "drugs are a quick fix, but they don't treat the underlying issues that keep people up at night" (p. 152). Preceding this article (p. 141) is an advertisement for Lunesta, a sleep aid (Figure A.2).

There are other articles in *O Magazine* that are not in support of medicalization, but instead suggest alternatives to medication. The April 2006 issue (p. 149) features an article titled "Anti-Cancer Herb? Could Ginkgo Prevent Ovarian Cancer?" This article also notes that preliminary studies show ginkgo biloba may lower the risk of developing ovarian cancer. An ad for Arimidex, to prevent breast cancer, is featured in the same

issue (pp. 199-200). Last, a type of journaling exercise appears in most issues of *O Magazine* (January, April and October) in a section called "Something to think about". In the October issue, (p. 117) the journal exercise suggests readers consider: "have you exceeded the expectations you had as a young adult? Where would you like to make changes?" This section seems to be used as a way to help readers focus on a different way to grow/change other than taking medication. Indeed, *O Magazine* is a magazine that prides itself on being founded on personal growth. In fact, 21.5% of the magazine is devoted to personal growth making *O* the highest % of any women's magazine for personal growth (omediakit, edit, 2008).

Juxtapositions in Racial Representations

Another way pharmaceutical advertisements in *O Magazine* contradict the content is through racial representation. *O Magazine* often focuses on highlighting non-white people in the content, while the pharmaceutical drug advertisements used for this study have little representation of various races. According to Richard Dyer, author of *White*, "research – into books, museums, the press, advertising, films, television, software – repeatedly shows that in Western representation whites are overwhelmingly and disproportionately predominant, have the central and elaborated roles and above all are placed as the norm, the ordinary, the standard" (1997, p. 3). Although there is an under-representation of non-white women in the pharmaceutical drug advertisements used in this analysis, *O Magazine* claims it reaches more African American readers than other magazines such as Glamour, In Style and Martha Stewart Living (omediakit, facts, 2008). Yet within *O Magazine* pharmaceutical drug ads, whiteness still maintains a central place, and continues to stand for the "normal" woman. For instance, there are only two

advertisements out of the 21 found in four issues of *O Magazine* in 2006 that represent non-white women (see Figures A.18 and A.7).

Yet *O Magazine* prides itself on "delivering more African American readers" than other magazines. In order to do this, *O Magazine's* articles and stories feature many non-white success stories. For instance, in the January 2006 issue, Actor Terrance Howard (p. 35), a successful African American actor is featured along with the success story of two African American sisters who started a hair salon business, and a seven-page spring fashion line with a non-white model (pp. 150-157). Although in general "Whites are everywhere in representation," especially in the majority of pharmaceutical advertisements used for this study (Dyer, 1997, p. 3), Oprah seems to be trying to counteract this norm with an extra focus on the successes of non-white individuals. In the April issue of *O* (p. 251), an article states: "What's wrong is to think that beauty has one narrow, unforgiving definition. As the multiracial men, women and families profiled in "mix it up!"...reminded us, beauty is in the blend." The article goes on to note: "it's a gorgeous new world out there, where an infinite variety of skin tones, hair textures, and features harmonize and surprise." Furthermore, this article talks about the modeling market and how it has "opened up tremendously to make space for a new definition of beauty." Similarly to the January issue, the April issue features an eight-page Summer fashion line with a non-white model (pp. 282-289). The April issue also features a non-white up-and-coming actress, an interview with non-white nutritionist and an article on Phylicia Rashad (the actress who played Clair Huxtable on The Cosby show). *O Magazine*'s July issue talks about a tribute to Tina Turner, Kelly Rowland's favourite music (former member of Destiny's Child) and author Toni Morrison - all successful

non-white women. Again, we see that pharmaceutical advertisements in *O Magazine* do not follow the lead of the content.

Why Do the Contradictions Between the Ads and the Content Matter?

Jones, author of *The Ultimate Secrets of Advertising*, offers his advice for successful advertising: "the advertisers address viewers as their equals and do not talk down to them. They respect the public's intelligence" (2002, p. 34). This piece of advice is exactly what *O Magazine* claims to do "[*O Magazine*] inspires women, challenges them and never talks down to them." It is no wonder *O Magazine* has a lot of advertisers, as they have apparently similar goals. But while advertisers and *O Magazine* take the stance to not talk down to their readers, they nevertheless do embody certain contradictions. *O Magazine* does not appear to be completely committed to personal growth as noted in its positioning statement. *O Magazine's* founder's statement says this magazine is an opportunity "to help women see every experience and challenge as an opportunity to grow and discover their best self. To convince women that the real goal is becoming more of who they really are. To embrace their life." As this analysis has shown, *O Magazine* has many articles dedicated to encouraging women to do just that: grow and discover their best self. However, *O Magazine* has also made a decision to accept pharmaceutical drug advertisements that send a completely different message about help-seeking and self-worth. Thus, *O Magazine* editors have made a deliberate decision to support their glossy production value through accepting ads which send readers many different messages than those included in their articles.

These contradictory messages would not be acceptable unless both the pharmaceutical companies placing the ads and *O Magazine* both benefited from the

arrangement. What would pharmaceutical drug advertisements have to offer a large circulation magazine such as *O Magazine*? First, advertising is no longer just a by-product of magazine publishing; it is a vital economic necessity (Hill, 2002, p. 12). Advertising dollars now account for a substantial part of a magazine's profit-making ability. In addition, pharmaceutical drug companies offer *O Magazine* advertisements that readers can identify with, undercutting some of the serious articles featured in the magazine. The mixed messages from pharmaceutical drug advertisements can make the serious articles in *O Magazine* much more palatable; readers do not have to take *O Magazine* so seriously if they do not want to. The more ambiguous an advertisement, the better: "the more ambiguous an ad's textuality, the more likely it will create great interest and generate appeal" (Beasley & Danesi, p. 102). While pharmaceutical drug advertisements can offer variety and appeal to *O Magazine*, at the same time, *O Magazine* is a high-placed vehicle for pharmaceutical companies. First, *O Magazine* is a good fit for pharmaceutical advertisers because women have long been the target customers for most manufacturers and distributors of consumer products (Hill, 2002, p. 17), and *O Magazine* prides itself on being for and about women. Very little of the content is directed at men. Second, *O Magazine* is a beneficial medium for pharmaceutical companies' advertisements because it does not have a narrow interest (not as narrow as cars or gardens for example), and appeals to a large audience. It is a magazine that aims to reach women in all aspects of their lives – "the material, the intellectual and the emotional" at all ages and for all races. Also, *O Magazine* can be regarded as entertainment or what Cornelia Ilie calls "infotainment" as it is designed to be funny and easy going while also discussion current social, political and other

informational issues (2001). Furthermore, Oprah, being an African American successful woman herself, saves pharmaceutical companies money in advertising since they do not need to create new ads tailored specifically to African American women (who are readers of *O Magazine*). Rather, non-white readers have plenty to identify with when reading *O Magazine* as Lee Miller, Bonnie Brennen, and Brenda Edgerton-Webster point out: "the dominant imagery in *O* is not the advertisements or the products placed within the sparse editorial pages. Readers are influenced by Oprah Winfrey and what she represents socially and culturally" (2005, p. 5), so there is no need to make more ads geared towards non-white women.

Why are the mixed messages communicated within this seemingly beneficial relationship problematic? Although Oprah and her magazine alone are not solely responsible for medicalization, supporting pharmaceutical drug advertisements in a magazine designed to help people live their best life can create confusion about solutions to life problems and potentially dangerous drugs. Moreover, the placement of pharmaceutical drug advertisements in relation to issues/themes in the context of *O Magazine* is problematic because it gives the ads and their discourses more legitimacy (see Table 4.1). Altsteil and Grow note, "the more specialized the readership, the more focused the advertising should be" (2006, p. 197). For instance, the placement of pharmaceutical ads in *O Magazine* is focused to specific readers that are already interested in the very problems the ads claim to help with. A woman interested in reading *O Magazine* for articles about beauty and aging, for example, is already a potential customer for Botox. The reality is, pharmaceutical companies "are investor-owned businesses, and it is their responsibility to maximize profits" (Angell, 2004, p. 154).

Thus, the contradictions between the discourses found in the pharmaceutical drug advertisements and articles in *O Magazine* discussed in this chapter appear to exist in order to make women consume, rather than live their best life. While this study does not seek to understand the exact effects of such advertisements on people, Tom Farley and Deborah Cohen find it important to note, "company executives aren't stupid; if the advertising didn't work, they would stop advertising" (2005). Moreover, Angell argues "if [pharmaceutical marketing] didn't help the bottom line, if all this "education" were just that and had no impact on sales, heads would roll in the executive suites of the drug companies" (Angell, 2004, pp. 153-154). In this context, we can assume the contradictory messages are intentional and work or pharmaceutical companies would spend their money elsewhere. Also, when looking at the implications of discourses in pharmaceutical ads in *O Magazine*, it is important to consider the significance of Oprah Winfrey herself. These larger implications of the discourses communicated in a magazine like *O, The Oprah Magazine* specifically will be discussed in the next section, Chapter Five.

CHAPTER FIVE: THE BROADER PICTURE - CONSEQUENCES OF DISCOURSES USED IN DIRECT-TO-CONSUMER PRESCRIPTION DRUG ADS

Introduction

Through my own personal experiences with medicalization (as discussed in Chapter One) as well as talking to friends, colleagues, and family members about my thesis topic, it became apparent that the discourses of medicalization are widespread and have become a part of everyday life. Through numerous conversations, I learned that the decision to go on medication is rarely questioned. Often, I found myself downplaying my critical stance toward medicalization, the pharmaceutical industry and DTC drug advertisements at social gatherings in order to avoid confrontation. My decision to critically analyze pharmaceutical discourses and question chemical solutions as the first line of defense is not the norm. Discourses of medicalization generally dominate and have become so pervasive that they remain relatively unnoticed. Many people I know and shared my views with over the years accept prescriptions as the first solution for problematic life circumstances. While pharmaceutical discourses are dominant in my personal social group, this study has also shown that discourses of medicalization are reinforced through prescription drug advertisements in *O Magazine*. One of the larger implications of this study's findings is that the discourses discussed seem to fit in with the larger mass advertising that contributes to medicalization. The pharmaceutical discourses in the drug advertisements are not targeted only to those in extreme circumstances, but are mass-marketed to a mass audience. The problem is not that some people are taking medication. The larger issue is the increase in medication use: "the

average number of prescriptions per person, annually, in 2000 was eleven. In 2004, it was twelve" (Critser, 2005, p. 2). As discussed in Chapter Two, this is a substantial rise from the 1980s when direct-to-consumer drug advertising was not as pervasive.

The previous chapter has allowed for a greater understanding of how pharmaceutical advertisements in *O Magazine* communicate assumptions about the prevalence, incidence, treatment, and overall meaning of disease through discourse. This chapter will focus on why discourses of traditional gender roles, normality and autonomy in pharmaceutical drug ads and contradictory messages around healing in *O Magazine* articles are potentially problematic for women specifically. It begins by reviewing Oprah Winfrey's power and influence in the context of a consumer society. Next, the illusion of autonomy built into the discourses of pharmaceutical advertisements used in this study is discussed. This chapter then identifies the ways in which the promotion of pharmaceutical drugs through discourses in the ads can be considered a form of social control. Last, it discusses how the discourses found in the advertisements can potentially contribute to the current trend in medicalization: by turning healthy people into patients. Each section in this chapter will discuss the broader consequences of the discourses found in pharmaceutical direct-to-consumer advertisements in *O Magazine*.

Oprah: Power, Influence and Consumerism

> Oprah has such influence that she is an ideal example of those collective "big" cultural phenomena that sociologists of culture love to analyze because they reveal a society's mindset (Illouz, 2003, p. 3).

The discourses found in the pharmaceutical drug ads used for this study are particularly problematic because they appear in *O Magazine,* a magazine founded by Oprah Winfrey. Oprah has been called a highly powerful brand, in and of herself (Wilf &

Illouz, 2008). A highly powerful brand, according to Eitan Wilf and Eva Illouz, is "one whose name, when applied to a multiplicity of objects, henceforth makes them gain symbolic, social and economic status by the simple social act of being extended to these objects" (2008, p. 72). Through her show, magazine and website, Oprah Winfrey has applied her name to various products and significantly influenced consumer behaviour. In 1996 for instance, Oprah launched her Book Club and "in the first four years of the Book Club, Oprah's books consistently averaged about fifteen weeks on the *New York Times* bestseller list" (Farr, 2005, p. 16). Every month or so for almost six years Oprah would choose a novel and announce her choice on her show. Cecilia Konchar Farr notes how all of Oprah's Book Club authors became famous (at least temporarily) and wealthy (Farr, 2005, p. 19), because people rushed to purchase exactly what Oprah suggested. While Oprah's influence on consumerism is clear from her Book Club, "Oprah Winfrey's branding power is even more spectacular in her capacity to have a de-branding effect" (Wilf & Illouz, 2008, p. 73). For example, Jennifer Richardson notes "in January 1998 a conglomerate of cattle producers from Texas sued ...Oprah Winfrey for comments she made on her show about the safety of the U.S. beef supply" (in Harris & Watson, 2007, p. 165). Oprah was sued because beef sales plummeted after she made those remarks and "the cattle-feeding industry lost an estimated 87.6 million" (Richardson in Harris and Watson, 2007, p. 166). Although there was no definitive proof of a cause and effect relationship (which led to Oprah's victory over the Texas cattle industry), Jennifer Richardson argues that this example shows "Winfrey's phenomenal power to move audiences with a single sentence" (in Harris & Watson, 2007, p. 165). Considering these and many other similar examples,

> it is safe to characterize Oprah not only as one of the most powerful cultural icons currently circulating in American culture but also as having an extraordinary branding power, i.e., the capacity to enhance the symbolic and economic value of goods that her name becomes associated with (Wilf & Illouz, 2008, p. 73).

Since pharmaceutical drug advertisements appear in her magazine, the discourses of traditional gender roles, normativity and autonomy as well as the contradictory content around medicalization that they contain would appear to be supported by Oprah Winfrey. Since readers value Oprah's opinions and are influenced by them, Oprah has an ability to "convince others that mirroring her purchasing habits will bring them closer to her and, by extension, the success she presents" (Harris & Watson, 2007, p. 8). It is highly probable that readers of *O Magazine* believe Oprah supports these medications.

Wilf and Illouz argue that people relate to Oprah because she shares "the problems that most ordinary women cope with under modern politics – weight problems, failing romantic relationships, lack of self-esteem" (2008, p. 75). In other words, Oprah shares her "failed but battling self" with her audience (Wilf & Illouz, 2008, p. 79). Just as Oprah seeks to change the participants on her show, and its viewers by giving advice and free therapy (Illouz, 2003, pp. 130-131), her magazine is another way to reach people (who perhaps do not have time to watch her show) and influence their lives. *O Magazine* readers "approach the publication in search of self-identity and self-awareness through the illusion that it is attainable through economic mobility and material wealth" (Miller, Brennen & Edgerton-Webster, 2005: 11). In other words, readers look to *O Magazine* with an interest in self-improvement and they are told how to do this through the articles and advertisements within each issue. Lee Miller, Bonnie Brennen, and Brenda Edgerton-

Webster argue that *O, The Oprah Magazine* promotes "a culture of consumption and excess, O encourages readers to fulfill themselves through conspicuous consumption" (2005, p. 12). However, the degree to which Oprah links the need to value oneself with the consumption of goods, including pharmaceutical drugs, is troublesome because she is so influential. Oprah promotes the use of pharmaceuticals just as she does other consumer products such as perfume, skin care products, fashion and food. This opens the door to normalizing chemical intervention.

The Illusion of Autonomy

The concept of autonomy in relation to health has held different meanings for different groups of scholars. For Illich, complete autonomous healing was of great importance, although some have argued that his ideas were too extreme.[11] Autonomous decision-making, according to some feminist scholars, should be self-directed. Experiential or embodied knowledge (knowledge developed from personal experience) or empathetic knowledge (knowledge gained from the experiences of other individuals) is considered important (Fowler & Lee, 2007; Lorentzen, 2008). Susan Sherwin notes that although scholars disagree on how autonomy is best achieved, "there are some common features to its use" (1998, p. 21). This section argues that individuals' rights to make up their own minds about the specific health services they wish to receive are being jeopardized by direct-to-consumer drug advertisements and the discourses they reiterate. The discourses in DTC ads have the potential to subvert and compromise autonomy as opposed to better educating consumers. Readers of magazines such as *O Magazine* are exposed to DTC ads which are full of stereotypical discourses that can have an effect on

[11] Illich, in complete keeping with his views in *Medical Nemesis*, refused to treat his cancer with surgery (see Critser, 2005)

people's perceptions about the meaning and treatments of "disease". The protection of patient autonomy can be undermined by clever DTC drug advertising.

One of the ways discourses in DTC drug ads can jeopardize autonomous decision-making is through the illusion of complete information. Caplan, whose analysis focuses specifically on mental illnesses, argues that "women must be allowed to choose drugs, of course, if they have been completely informed about the ways they work and any undesirable effects they can have" (2005, p. 163). While warnings and mandatory information is present in each ad, it always appears on a separate page in a much smaller font. What readers see first is the medication, the disorder or condition it is associated with, or the idealized lifestyle that can be achieved by taking the drug, rather than the important information about potential side-effects. The problem with this is that the side-effects of medication "may often far outweigh any possible benefit to the woman" (Penfold & Walker, 1983, p. 203). Moreover, while DTC ads may be perceived as having accurate information or knowledge about conditions and the medication listed as treatment, complete information about the way drugs work is not always known. An example is found in an ad for bipolar medication that reads (in smaller print on the second page of the two-page spread): "While the exact way ABILIFY (or any medicine for bipolar disorder) works is unknown, it is thought that ABILIFY may work by affecting the activity of some key brain chemicals adjusting dopamine, instead of completely blocking it, and adjusting serotonin" (see Figure A.12). While ABILIFY is being promoted through this DTC ad in *O Magazine*, the actual way the medication works or if it will work remains uncertain. Complete information about a drug is not

always possible, what is possible is to know how great your life will be by taking this drug.

Discourses in the DTC ads discussed in the previous chapter can also compromise autonomy by communicating an illusion of individual control over health. They do this by claiming to educate consumers when in fact they are encouraging readers to "ask" or "talk to" their doctor about medication. As discussed in Chapter Two, doctors often attend educational sessions sponsored by pharmaceutical companies where they get biased information about new medications on the market. As a result, doctors might not be a source of accurate information (Moynihan & Cassels, 2005, p.24). An average reader of *O Magazine* would not be informed about this complex relationship between pharmaceutical companies, doctors and potential patients. This is problematic because women cannot make an informed decision unless the complex relationship between pharmaceutical companies and doctors is shared as widely as information about the medications themselves. Furthermore, while individuals should have control over their health, each ad analyzed for this study (except Figure A.14) directly associates a particular condition or state of being with a specific prescription medication. The pharmaceutical industry's goal, Moynihan and Cassels say, is "to create new ideas about illnesses and conditions...[and to] make the link between the condition and your medicine, in order to maximize its sales" (2005, p. xiv). Thus, the goal of pharmaceutical advertisements is not to educate readers so they can make autonomous decisions, but rather, to sell a product.

Discourses in the DTC ads can also subvert autonomous decision-making by promoting individual dependence on medication without taking personal problems or life

circumstances into consideration. As Sherwin argues, the problem with this dependence is that "illness, by its very nature, tends to make patients dependent on the care and good will of others; in so doing, it reduces patients' power to exercise autonomy" (1998, p. 20). Moreover, Caplan argues "the preoccupation with problems, weaknesses and strangeness works like a detour sign, streaming the traffic of clinical interpretation toward abnormality" rather than looking at social conditions (2005, p. 60). According to Janet Walker, "it would be against the interest of the drug companies to admit any possibility that social change is what is required to relieve some of the symptoms depicted (1993, p. 31). Instead, Walker argues, "the cure [drug companies] promise is individual behavioural and cosmetic change" (1993, p. 31). Imitrex, for example, may be prescribed if "migraines are disrupting your life." With Imitrex, however, you can "get back to your life" (see Figure A.4). Although it is never certain from the ad what is causing the woman's migraine, social problems are not suggested as part of the problem. Greg Critser argues "prescription drugs have become a way of delaying premature death without dealing with the underlying soul and body sickness of modern life and modern life choices" (2005, p. 253).

Another way the discourses found in the DTC ads can jeopardize autonomy is by promoting adjustment to social norms and promising self-worth. The people in the pharmaceutical drug ads and the nature of the desirable behaviours the drugs promise to produce are consistent with wider social norms both past and present. As discussed in Chapter Four, discourses around traditional female gender roles were found to be present along with the more recent trend of women working in social service jobs (see Figure A.4 and A.18). In both examples, the goal is to encourage women to better carry out their

appropriate roles through drug therapy. Furthermore, quotes that appear in ads such as the one for Botox for example (Figures A.10 and A.11), seems to encourage autonomous decision-making, yet Botox is really about suppressing people's paranoia about aging and helping them to "adjust" to particular gender stereotypes and norms. According to Ratcliff, cosmetic surgery has become "not an issue of wanting a change, but needing it" (Ratcliff, 2002, p. 133). Erikson and Kress report that women predominate in certain illness categories because of an "exaggeration of socially promoted feminine characteristics." Sexist pressures are present in some of the DTCA used for this study to urge women to conform to current standards of "health" and beauty through medication.

The illusion of autonomy is also connected to ideas of self-worth in the ads. DTC ads portray taking medications as something readers can do for themselves. For instance, the advertisement for Effexor (an anti-depression medication) states: "Effexor XR, the change you deserve" (Figure A.1). These slogans encourage readers to feel worthy of change and to take action to improve themselves. However, improving yourself using chemical substances sold through ads that promote traditionally gendered norms is not truly autonomous behaviour.

By giving limited information in the guise of health education these ads undermine autonomous intent. As discussed above, the advertisements can actually limit autonomy and equate being a strong, self-actualized and autonomous woman with using pharmaceuticals to fill any void or deficiencies. Consequently, dependence on medication does not promote autonomy but is rather a form of chemical 'solution' to what is often a complex range of social and individual problems.

Discourse and Social Control

According to Peter Conrad and Joseph Schneider, "social control is usually conceptualized as the means by which society secures adherence to social norms; specifically, how it minimizes, eliminates, or normalizes deviant behaviour" (1992, p. 7). In other words, social control is a process by which people define and conform to specific norms and values, thereby de-normalizing anything that deviates from this specific and narrow range of expectations. The discourses in the advertisements promote social control of behavior through medication (rather than social change) by reiterating traditional gender roles, promoting concepts of 'normality' and through an autonomy discourse which encourages a chemical 'fix' for 'symptoms' or life problems. The discourses in the pharmaceutical drug ads used in this study attempt to convince readers to use pharmaceuticals as a solution to problems that prevent them from adhering to the norms and values of society. The "problems" discussed in Chapter Four, such as aging and wrinkles as well as a woman's inability to function in her traditional gender role, are marketed to readers as not "fitting in" with the values of society and of *O Magazine's*. Medication is offered as the solution. Why do pharmaceutical companies foster this control? According to Marcia Angell, "it helps the bottom line. It increases sales" (2004, p. 153).

Susan Sherwin talks about the use of the term "prevention" and the idea of "risk management" in medicalization techniques as ways for medical control to be taken up enthusiastically, without criticism (1998). Figures A.15 and A.19 are good examples of risk discourse where pharmaceutical companies instill fear while at the same time providing a solution to that fear: pharmaceuticals. Figure A.19 uses discourses around

risk, prevention and fear to promote readers' determination to "fight back" with slogans like "The opponent, breast cancer recurrence. In defense, ARIMIDEX." These discourses potentially create fear as well as an illusion of being in control of such an uncontrollable disease. Similarly, Figure A.15 states: "You had early stage breast cancer. You completed tamoxifen. Now what?" These types of slogans reiterate discourses around prevention and provide solutions for risk management and "control." However, the actual risk of breast cancer re-occurence is not known and both of these medications have only been effective for some women, not all women who tried them. In this case, the promotion of medication benefits pharmaceutical companies and the broader society by decreasing calls for social change in regards to rising cancer rates. Ratcliff argues that "a serious concern with prevention would focus our attention on a variety of environmental causes of cancer" (2002: 106). In contrast, the promotion of individualized chemical solutions attempts to increase profits for Big Pharma through prevention therapy for cancer.

The Medicalization of Everyday Life: How Do the Discourses Promote Medicalization?

The discourses in the pharmaceutical drug ads promote medicalization in several ways. First, they do so by framing women's discontent as biological in nature. Erikson and Kress report the view of feminist theorists that "women's anger, depression and discontent have been reframed as medical or psychiatric symptoms and that, as a result, the often difficult and distressing life circumstances of women have been disregarded" (2008, p. 152). Women encounter many life stressors which could be the real cause of many symptoms of 'diseases' and 'disorders' found in the ads. For instance many women at some point in their lives devote a substantial amount of time and effort to unpaid work

in the home. Many studies have been conducted comparing the mental health of employed women to housewives. Mary Clare Lennon argues that "more symptoms among housewives, found in several studies, are assumed to derive from the burdensome and tedious nature of housework" (in Horwitz & Sheid, 1999, p. 289). Further, women's overrepresentation in part-time and service industry jobs as well as their experience with poor quality jobs and unstable employment means that women's involvement in the labour force can also undermine their sense of competency, psychological well-being and health (Lennon, in Horwitz & Sheid, 1999, p. 285). This is the context in which drug companies use the stresses of women's traditional role to get women to think they need medication for things like tension headaches, mood swings and difficulty sleeping (see Table 5.2). The problem is that women are not given an option to have "help in dealing productively with the real causes of their emotional upset" (Caplan, 2005, p. 163). Instead, the use of gendered stereotypes in the promotion of these medications only reinscribes the idea that women need individualized 'fixes' for these problems.

The discourses discussed in this study also promote medicalization by excluding non-pharmaceutical alternatives from the mix. In all the ads analyzed, the only solution suggested is medication. This is problematic because of the lack of concern about the potential consequences of using drug treatment alone. For instance, Penfold and Walker argue that "drug treatment may prevent the accurate diagnosis of [other] medical conditions" (1983, p. 202). Moreover, Caplan notes the effects of labeling: "when terms or images of abnormality or mental illness are spoken, images of difference and alienation come to mind suggesting that "they" are not as competent, human or safe to be around as the rest of "us"" (2005, p. 11). In addition, according to Penfold and Walker

dependency on drugs can "erode many facets of a woman's life. She can feel powerless, helpless, and afraid to be without her chemical crutch" (1983, p. 202).

Table 5.2: Type of ailment advertised, number of each type found in the issues of *O Magazine* used for this study and broader classification

Type	Number of Each Type	Classification of ailment
Migraine	3	Tension/pain
Allergies	2	Allergies
Depression	3 (+1 repeat, not included)	Mental illness/mood disorder
Bipolar	2 (+1 repeat, not included)	Mental illness/ mood disorder
Cancer reducer	2	Life threatening illness
Asthma (one for adults and one for children)	2	Respiratory
Sleep aid	2	Sleep
Wrinkles	2	Beauty/physical appearance
Blood clot prevention	1	Life threatening illness
Attention-deficit hyperactivity Disorder (for children)	1	Mental illness/mood disorder
Abdominal discomfort	1	Digestive

The third way the discourses in pharmaceutical prescription drug ads promote medicalization is by shifting attention away from women's resources. The ads show women as merely victims of their fate rather than capable human beings. Women need to be encouraged to draw upon their resources, be they internal or external. Laura Purdy argues that medicalization would not be such a burden if medicine took a feminist approach to health care and began to see women as persons in their own right. For Purdy this would mean "[sensitizing] every practitioner to the way women's role can affect their health...sympathetically listening to what women have to say about their problems and probing the context of their lives" (2001, p. 259).

Conclusion

Using CDA, this study brought to light how DTC ads in *O Magazine* reiterate discourses around traditional gender roles, normative behavior, and concepts of autonomy. It also found that these discourses are often in contradiction to the information, articles and stated aims of *O Magazine*.

Within the larger sociological context, these discourses can be seen as problematic for women for many reasons. The discourses create an illusion of autonomy and individual control, while also attempting to increase medication use and pharmaceutical company profits. Moreover, the medicalization discourses reduce the potential for social change by excluding other discourses/approaches to life problems and are particularly potent because they are presented in a highly influential women's magazine with contradictory stated aims. Last, this study found the discourses promote an increase in the medicalization of everyday life, leading to potential harm.

While it is unlikely that advertisers will change their strategies or Oprah will turn down the advertising dollars provided by pharmaceutical companies, hopefully this research will contribute to an increased awareness and promote debate about the impacts of DTC advertising on women. For there is no doubt that a better understanding of the problem of medicalization and its pervasive influence on everyday life is needed.

References

Altstiel, T. & Grow, J. (2006). *Advertising strategy: Creative tactics from the outside/in.* Thousand Oaks, CA: Sage Publications, Inc.

American Psychiatric Association (APA), *Diagnostic and Statistic Manual of Mental Disorders* (3rd Ed.) Washington: DC: APA, 1980.

American Psychiatric Association (APA), *Diagnostic and Statistic Manual of Mental Disorders* (4th Ed.) Washington: DC: APA, 1996.

Angell, M. (2004). *The Truth About the Drug Companies: How They Deceive Us and What to Do About it.* New York: Random House Trade Paperbacks.

Armstrong, T. (1997). *The Myth of the A.D.D Child.* New York: Penguin Group.

Beasley, R. & Danesi, M. (2002). *Persuasive signs: The semiotics of advertising*. Berlin and New York: Mouton de Gruyter.

Bell, R. A., Kravitz, R.L. & Wilkes, M.S. (2000). Direct-to-consumer prescription drug advertising, 1989-1998: A content analysis of conditions, targets, inducements, and appeals. *The Journal of Family Practice, 49(4),* 329-335.

Berg, B. (2001) *Qualitative Research Methods for the Social Sciences*, 4th Ed. Needham Heights, MA: A Pearson Education Company.

Berger, J.T., Kark, P., Rosner, F., Packer, S. & Bennett, A. (2001). Direct-to-consumer drug marketing: Public service or disservice? *The Mount Sinai Journal of Medicine, 68(3),* 197-202.

Berkowitz, E.N., Crane, F.G., Kerin, R.A., Hartly, S.W. & Rudelius, W. (2003). *Marketing*, 5th Canadian Edition. Toronto, Ontario: McGraw-Hill Ryerson Ltd.

Biederman, J., Quinn, D., Weiss, M., Markabi, S., Weidenmann, M., Edson, K., Karlsson, G., Pohlmann, H., & Wigal, S. (2003). Efficacy and safety of Ritalin, a new once daily, extended release dosage form of methylphenidate, in children with attention deficit hyperactivity disorder. *Pediatric Drugs, 5,* 833-841.

Blackwell, J., Smith, M. & Sorenson, J. (2003). *Culture of Prejudice: Arguments in Critical Social Science*. Toronto, Ontario: Broadview Press Ltd.

Braithwaite, J. (1984). *Corporate Crime in the Pharmaceutical Industry*. London, England: Routledge & Kegan Paul.

Brown, P. (1995). Naming and framing: The social construction of diagnosis and illness. *Journal of Health and Social Behavior*, Vol. 35, 34-52.

Caplan, P. (1995). *They say you're crazy: How the world's most powerful psychiatrists decide who's normal.* Da Capo Press

Carlson, R. J. & Stimeling, G. (2002). *The Terrible Gift: The Brave New World of Genetic Medicine.* New York: Public Affairs

Carroll, W. (2004). *Critical Strategies for Social Research*. Toronto, Ontario: Canadian Scholars' Press Inc.

Chandra, A. & Miller, M. (2005). A closer look at the concept, historical overview, and value of direct-to-consumer advertising of prescription drugs. *Healthcare and Public Policy,83(4),* 32-36.

Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology,* Vol. 18, 209-232.

Conrad, P. (2005). The shifting engines of medicalization. *Journal of Health and Social Behaviours*, *46*, 3-14.

Conrad, P. & Leiter, V. (2004). Medicalization, markets and consumers. *Journal of Health and Social Behavior, 45*, 158-176.

Conrad, P. & Schneider, J. (1992). *Deviance and Medicalization: From Badness to Sickness.* Philadelphia: Temple University Press.

Cooper, R.J. & Schriger, D.L. The availability of references and the sponsorship of original research cited in pharmaceutical advertisements. *Canadian Medical Association Journal, 172,* 487-491.

Cooper, R.J., Schriger, D.L., Wallace, R.C., Mikulich, V.J. & Wilkes, M.S. (2003). The quantity and quality of scientific graphs in pharmaceutical advertisements. *Journal of General Internal Medicine, 18,* 294-297.

Cooperstock, R. (1973). *Social aspects of the medical use of psychotropic drugs.* Toronto, Canada: House of Lind.

Corrigan, O.P. (2005). Pharmacogenetics, ethical issues: Review of the Nuffield Council on Bioethics Report. *Journal of Medical Ethics, 31,* 144-148.

Coupland, J. & Williams, A. (2002). Conflicting discourses, shifting ideologies: Pharmaceutical, 'alternative' and feminist emancipatory texts on the menopause. *Discourse and Society, 13(4),* 419-445.

Creswell, J.W. (2002). *Educational Research: Planning, Conducting and Evaluating Quantitative and Qualitative Research.* Upper Saddle River, NJ: Pearson Education Inc.

Critser, G. (2005). *Generation Rx: How prescription drugs are altering American lives, minds, and bodies.* Boston and New York: Mariner Books.

DeGrandpre, R. (1999) *Ritalin Nation: Rapid-fire Culture and the Transformation of Human Consciousness.* New York: W.W. Norton & Company Inc.

Dyer, R. (1997). *White.* London and New York: Routledge.

Ehrenreich, B. & English, D. (2005). *For her own good: Two centuries of the experts' advice to women.* New York: Anchor Books.

Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography.* Walnut Creek, CA: Altamira Press.

Ellis, C. & Bochner, A.P. (2002). How does a conference begin? In C. Ellis & A.P. Bochner (Ed.), *Ethnographically speaking: Autoethnography, Literature, and Aesthetics* (pp. 1-10). Walnut Creek, CA: Altamira Press.

Eriksen, K. & Kress, V.E. (2008). Gender and diagnosis: Struggles and suggestions for counselors. *Journal of Counseling & Development, 86*, 152-162.

Farley, T. & Cohen, D. (2005). *Prescription for a healthy nation: A new approach to improving our lives by fixing our everyday world.* Boston: Beacon Press.

Farr, C.K. (2005). *How Oprah's book club changed the way America reads.* New York: State University of New York Press.

Foucault, M. (1973). *The Birth of the Clinic.* New York: Tavistock Publications Ltd.

Foucault, M. (1980). *Knowledge/Power: Selected Interviews and other Writings 1972-1977.* Essex, England: Pearson Education Limited.

Foucault, M. (2001). *Madness and Civilization.* London, New York: Routledge Classics.

Fowler, C. & Lee, A. (2007). Knowing how to know: Questioning knowledge transfer as a model for knowing and learning in health. *Studies in Continuing Education, 29(2)*, 181-193.

Freund, P. & McGuire, M. (1999). *Health, Illness and the Social Body: A Critical Sociology* (Third Edition). New Jersey: Prentice-Hall Inc.

Friedan, B. (1974). *The Feminine Mystique*. New York: W W Norton & Company Inc.

Friedson, E. (1975). *Doctoring Together: A Study of Professional Social Control.* New York: Elsevier Scientific Publishing Co.

Friedson, E. (1986). *Professional Powers.* Chicago: University of Chicago Press.

Gardner, D.M., Mintzes, B. & Ostry, A. (2003). Direct-to-Consumer Prescription Drug Advertising in Canada: Permission by Default? *Canadian Medical Association Journal, 169(5),* 425-427.

Garry, A. (2001). Medicine and medicalization: A response to Purdy. *Bioethics, 15(3),* 262-269.

Gauntlett, D. (2002). *Media, Gender, and Identity: An Introduction.* London, New York: Routledge.

Gereffi, G. (1983). *The Pharmaceutical Industry and Dependency in the Third World.* Princeton, NJ: Princeton University Press.

Goffman, E. (1979). *Gender advertisements*. New York: Harper and Row Publishers, Inc.

Harris, J. & Watson, E. (2007). Introduction: Oprah Winfrey as subject and spectacle. In J. Harris & E. Watson (Ed.), *The Oprah phenomenon* (pp. 1-31). Lexington, KY: The University Press of Kentucky.

Health Council of Canada Report (2005, January). Pharmaceuticals in Canada: Background Paper. May 5, 2006. http://www.healthcouncilcanada.ca

Hill, D. D. (2002). *Advertising to the American woman 1900-1999*. Columbus: Ohio State University Press.

Ilie, C. (2001). Semi-institutional discourse: The case of talk shows. *Journal of Pragmatics, 33*, 209-254.

Illich, I.K., (1976). *Limits to Medicine: Medical Nemesis*. New York, London: Marion Boyars Publishers Ltd.

Illouz, E. (2003). *Oprah Winfrey and the Glamour of Misery*. New York: Columbia University Press.

Jones, J.P. (2002). *The ultimate secrets of advertising*. Thousand Oaks, CA: Sage Publications, Inc.

Kirby, S., Greaves, L. & Reid, C. (2006). *Experience, Research, Social Change: Methods Beyond the Mainstream.* Peterborough, Ontario: Broadview Press.

Lee, R. (2000). *Unobtrusive Methods in Social Research*. Philadelphia, PA: Open University Press.

Lennon, M.C. (1999). Work and unemployment as stressors. In A.V. Horwitz & T.L. Scheid (Ed.), *A handbook for the study of mental health: Social contexts, theories and systems* (pp. 284-294). New York: Cambridge University Press.

Lorentzen, J.M. (2008). I know my own body: Power and resistance in women's experience of medical interactions. *Body & Society, 14(3)*, 49-79.

Luther, W.M. (2001). *The marketing plan: How to prepare and implement it* (Third Edition). New York: Amacom.

McDonough, T. (2005. June 16). Pill poppers: Doctors "just say no" to drug company hype and freebies, Salt Lake City Weekly, August 15, 2005. http://www.slweekly.com

Metzl, J. (2003). *Prozac on the couch: Prescribing gender in the era of wonder drugs.* Durham and London: Duke University Press.

Meyer, M. (2001). Between theory, method, and politics: Positioning of the approaches to CDA. In R. Wodak & M. Meyer (Ed.), *Methods of Critical Discourse Analysis* (pp.14-30). London - Thousand Oaks - New Delhi: Sage Publications.

Miller, L., Brennen, B. & Edgerton-Webster, B. (Winter 2005). *The construction of readership in Ebony, Essence and O, The Oprah Magazine.* Media Report to Women. www.mediareporttowomen.com

Mills, S. (2004). *Discourse.* Abingdon, Oxon: Routledge.

Mintzes, B. (2002). Direct to consumer advertising is medicalising normal human experience. *British Medical Journal, 324,* 908-909.

Mintzes, B. (2006, January). Direct-to-consumer advertising of prescription drugs in Canada. Health Council of Canada Report. May 5, 2006. http://www.healthcouncilcanada.ca

Mintzes, B., Barer, M.L., Kravitz, R.L., Bassett, K., Lexchin, J., Kazanjian, A., et al. (2003). How does direct-to-consumer advertising (DTCA) affect prescribing? A survey in primary care environments with and without legal DTCA. *Canadian Medical Association Journal, 169(5),* 405-412.

Moynihan, R. & Cassels, A. (2005). *Selling Sickness: How the World's Biggest Pharmaceutical Companies are turning us all into Patients.* Vancouver, BC: Douglas and McIntyre Ltd.

O'Barr, W. (2006). Representations of masculinity and femininity in advertisements. *Advertising & Society Review*, 1-31.

Olivieri, N. (2003). Patients' health or company profits? The commercialization of academic research. *Science and Engineering Ethics, 9,* 29-41.

Omediakit (2008). In *O Magazine's online media kit.* Retrieved from: http://www.omediakit.com

O, The Oprah Magazine. (January, 2006). The Hearst Corporation.

O, The Oprah Magazine. (April, 2006). The Hearst Corporation.

O, The Oprah Magazine. (July, 2006). The Hearst Corporation.

O, The Oprah Magazine. (October 2006). The Hearst Corporation.

Parsons, T. (1951). *The Social System.* New York: Free Press.

Penfold, S. & Walker, G. (1983). *Women and the psychiatric paradox.* Montreal, Quebec: Eden Press Inc.

Pritchard, B. & Vogt, S. (2006). *Advertising and marketing law in Canada.* Ontario, Canada: Lexis Nexis.

Purdy, L. (2001). Medicalization, medical necessity, and feminist medicine. *Bioethics,* 15(3), 248-261.

Ratcliff, K.S. (2002). *Women and health: Power, technology, inequality, and conflict in a gendered world.* Boston, MA: Allyn & Bacon.

Reed-Danahay, D.E. (1997). *Auto/Ethnography: Rewriting the self and the social.* Oxford, UK: Berg.

Richardson, J. (2007). Phenomenon on trial: Reading rhetoric at Texas beef v. Oprah Winfrey. In J. Harris & E. Watson (Ed.), *The Oprah phenomenon* (pp. 165-187). Lexington, KY: The University Press of Kentucky.

Richman, J., Jason, L.A., Taylor, R.R. & Jahn, S.C. (2000). Feminist perspectives on the social construction of chronic fatigue syndrome. *Health Care for Women International, 21*, 173-185.

Riessman, C.K. (1983). *Women and medicalization: A new perspective*. New York, NY: Social Policy Corporation.

Rose, G. (2005). *Visual Methodologies*. London: Sage publications Ltd.

Rosenfield, S. (1999). Gender and mental health: Do women have more psychopathology, men more, or both the same (and why)? In A.V. Horwitz & T.L. Scheid (Ed.), *A handbook for the study of mental health: Social contexts, theories and systems* (pp. 348-358). New York: Cambridge University Press.

Sherwin, S. (1998). A relational approach to autonomy in health care. In S. Sherwin (Ed.), *The politics of women's health: Exploring agency and autonomy* (pp. 19-47). Philadelphia: Temple University Press.

Sparkes, A. C. (2002). Autoethnography: Self-indulgence or something more?. In A.P. Bochner & C. Ellis (Ed.), *Ethnographically speaking: Autoethnography, Literature and Aesthetics* (pp. 209-232). Walnut Creek, CA: Altamira Press.

Starr, P. (1982). *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry.* United States: Basic Books.

Steinem, G. (1994). *Moving beyond words*. New York: Simon &Schuster.

Strand, R. (2003). *Death by Prescription: The Shocking Truth Behind an Overmedicalized Nation.* Nashville, TN: Thomas Nelson Publishers

Taylor, S. (2001). Locating and conducting discourse analytic research. In M. Wetherell, S.Taylor, & S. Yates (Ed.), *Discourse as Data: A Guide for Analysis.* CA: The Open University

Tone, A. (2009). *The age of anxiety: A history of America's Turbulent Affair with Tranquilizers*. New York: Basic Books.

Turshen, M. (2007). *Women's health movements: A global force for change*. New York: Palgrave Macmillan.

Van Dijk, A. (2001). Multidisciplinary CDA: a plea for diversity. In R. Wodak & M. Meyer (Ed.), *Methods of Critical Discourse Analysis* (pp.95-120). London - Thousand Oaks - New Delhi: Sage Publications.

Villanueva, P., Peiró, S., Librero, J. & Pereiró, I. (2003). Accuracy of pharmaceutical advertisements in medical journals. *The Lancet, 361,* 27-32.

Vipond, M. (2000). *The mass media in Canada* (Third Edition). Toronto, Canada: James Lorimer & Company Ltd.

Walker, J. (1993). *Couching Resistance: Women, Film, and Psychoanalytic Psychiatry.* Minneapolis, MN: University of Minnesota Press.

Widdowson, H.G. (2004). *Text, context, pretext: Critical issues in discourse analysis.* Malden, MA: Blackwell Publishing.

Wilf, E. & Illouz, E. (2008). Dynamic branding: The case of Oprah Winfrey. *Women & Performance: A Journal of Feminist theory, 18(1),* 71-84.

Williams, K. (2005). Attention-deficit hyperactivity disorder: A new illness epidemic or a new label? Master's thesis, Brock University, St.Catharines, Ontario, Canada.

Wilson, S. (2003). *Oprah, celebrity and formations of self.* New York: Palgrave Macmillan.

Wodak, R. (2001). What CDA is about – a summary of its history, important concepts and its developments. In R. Wodak & M. Meyer (Ed.), *Methods of Critical Discourse Analysis* (pp. 1-13). London - Thousand Oaks - New Delhi: Sage Publications.

Wood, L.A. & Kroger, R.O. (2000). *Doing Discourse Analysis.* Thousand Oaks, California: Sage Publications, Inc.

Zola, I.K. (1977). Healthism and Disabling Medicalization. In, I. Illich (Ed.), *Disabling Professions* (pp. 41-67). New York and London: Marion Boyars Publishers.

Appendix 1

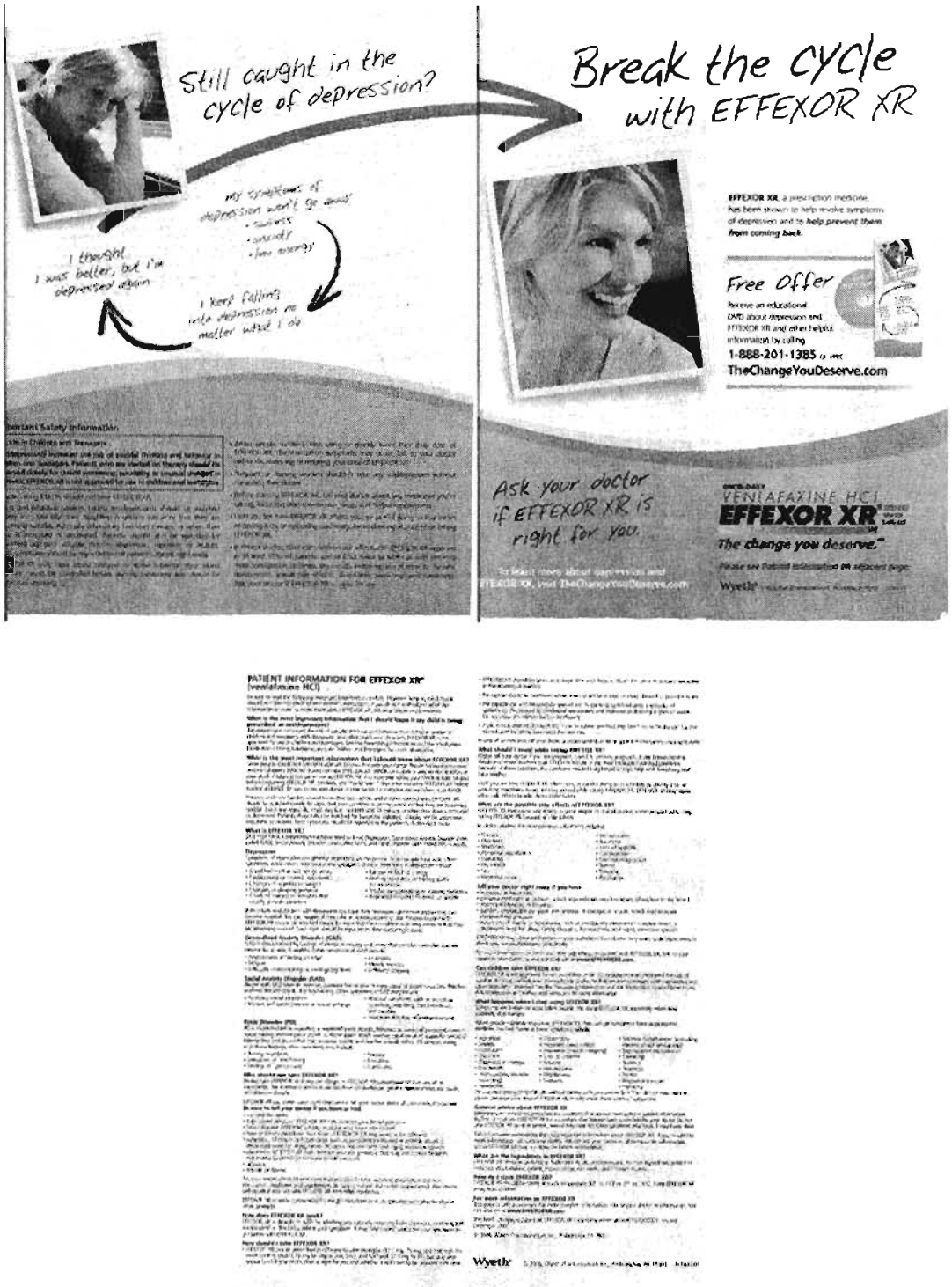


Figure A.1: Advertisement by Wyeth Pharmaceuticals Inc. for Effexor, a prescription drug used to treat symptoms of depression, from *O, The Oprah Magazine* (April, 2006)

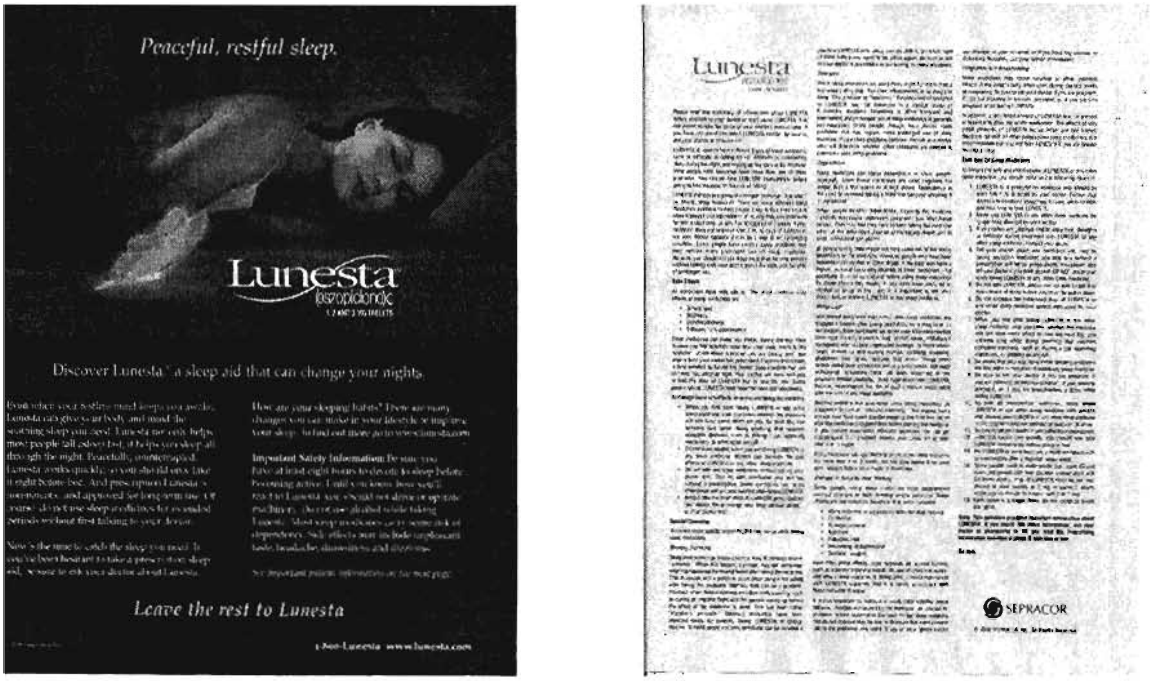


Figure A.2: Advertisement by Sepracor Inc. for Lunesta, a sleep aid prescription drug, from *O, The Oprah Magazine* (April, 2006)

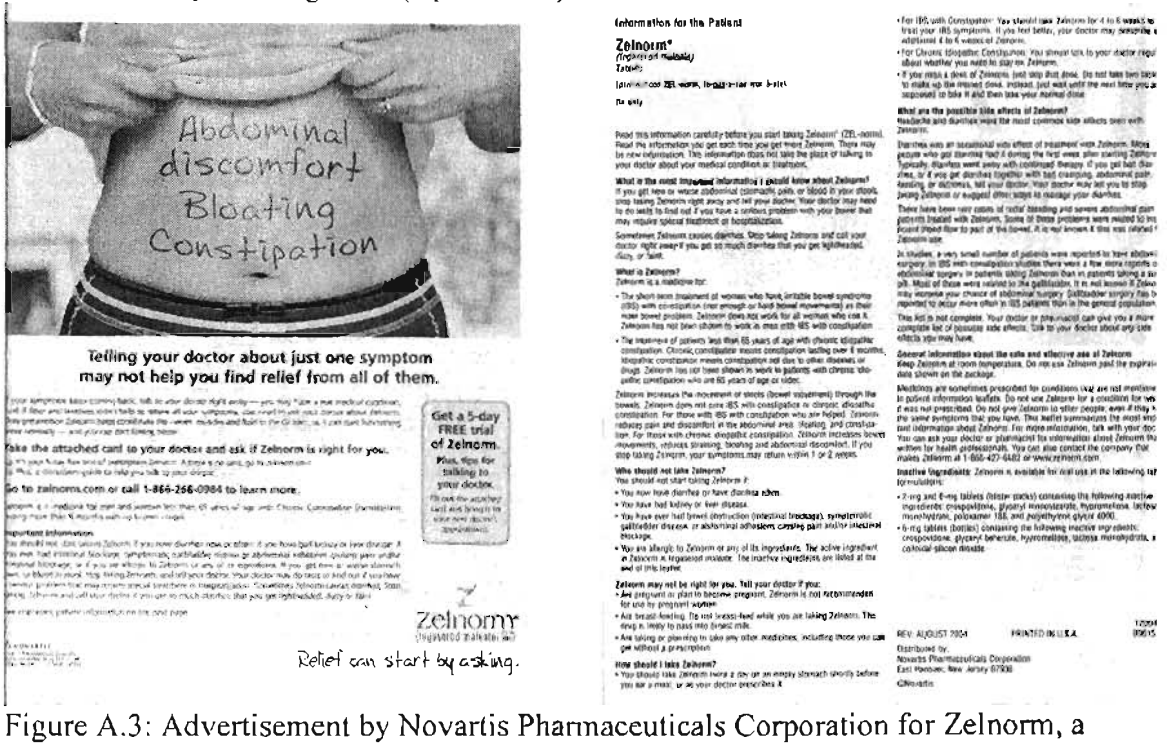


Figure A.3: Advertisement by Novartis Pharmaceuticals Corporation for Zelnorm, a prescription drug used to treat abdominal discomfort, from *O, The Oprah Magazine* (July, 2006)

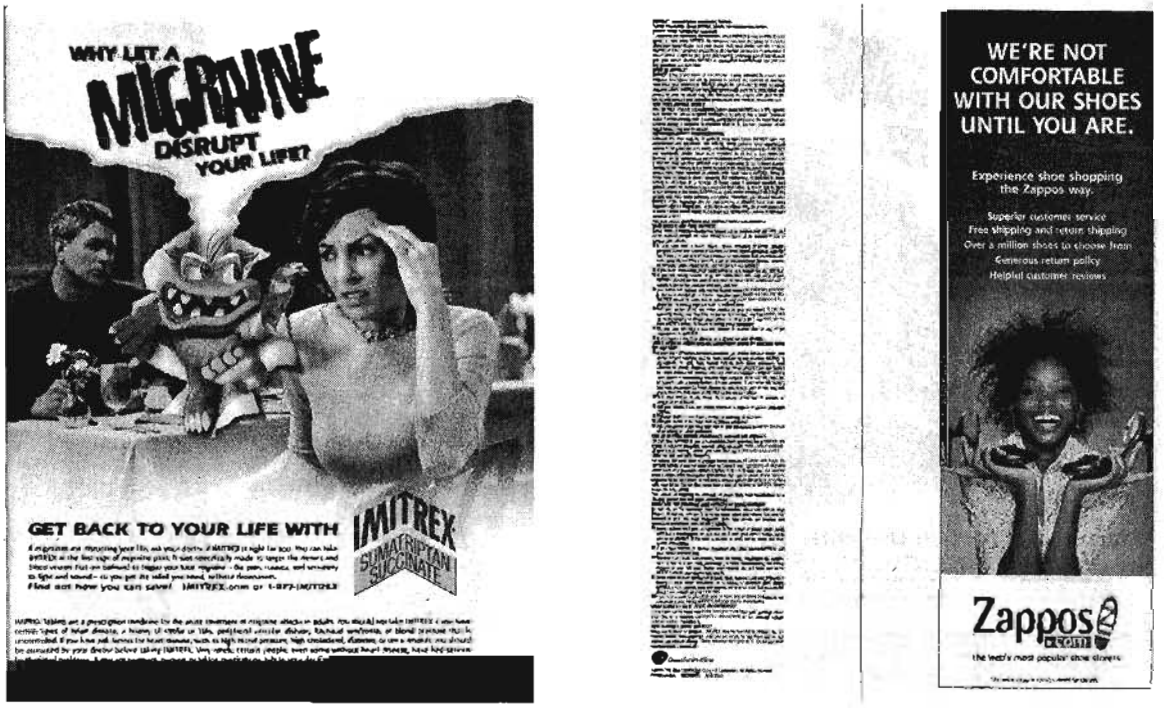


Figure A.4: Advertisement by GlaxoSmithKline for Imitrex, a prescription drug used to treat migraines, from *O, The Oprah Magazine* (January, 2006)

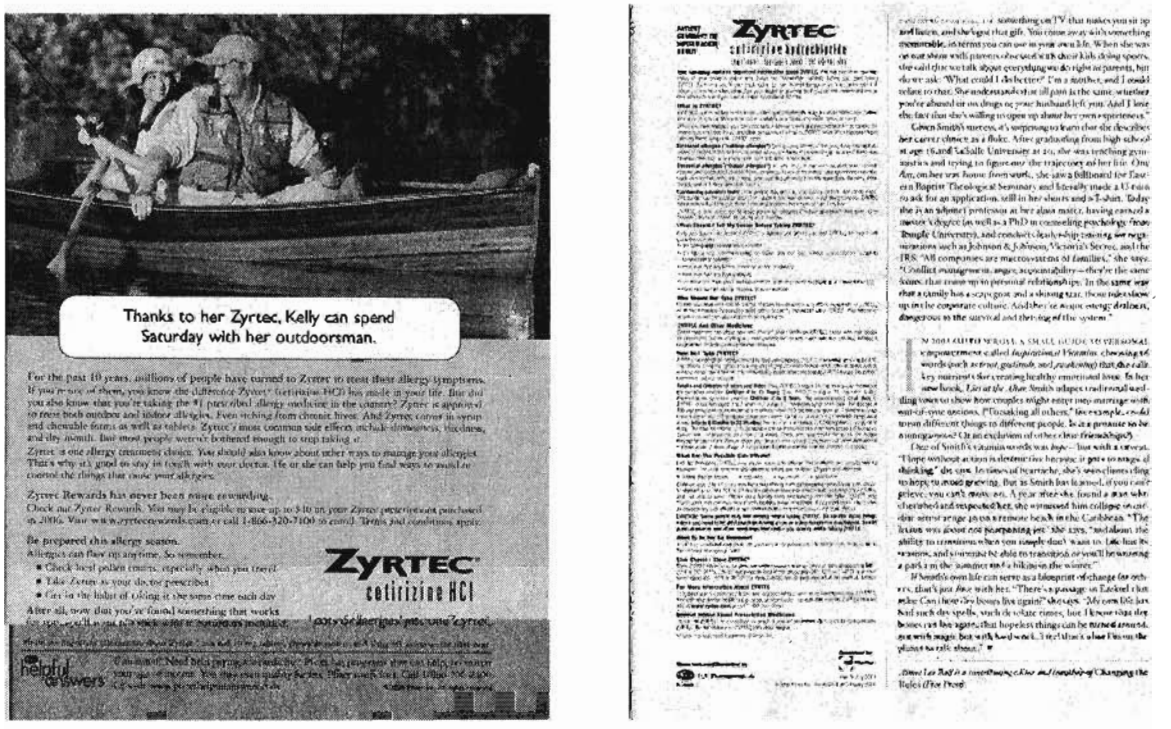


Figure A.5: Advertisement by Pfizer Inc. for Zyrtec, a prescription drug used to treat allergy symptoms, from *O, The Oprah Magazine* (April, 2006)

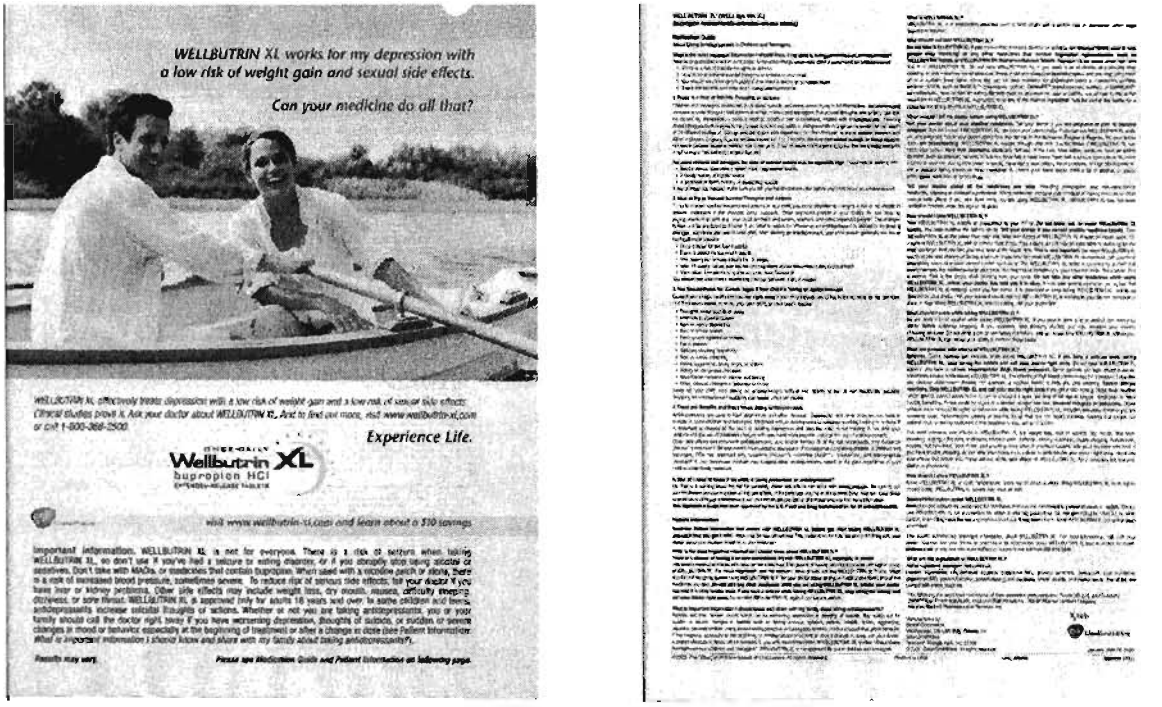


Figure A.6: Advertisement by GlaxcoSmithKline for Wellbutrin, a prescription drug used to treat depression, from *O, The Oprah Magazine* (April, 2006)

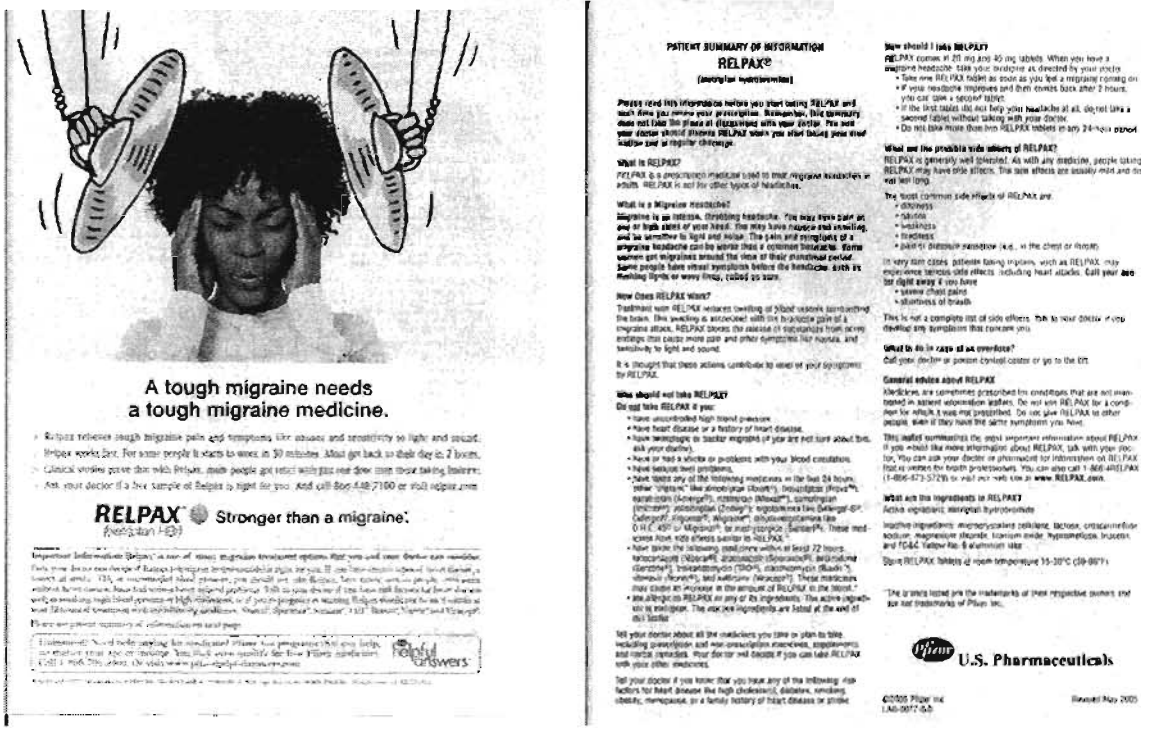


Figure A.7: Advertisement by Pfizer Inc. for Relpax, a prescription drug used to treat migraines, from *O, The Oprah Magazine* (July, 2006)

Figure A.8: Advertisement by Astra Zeneca for Pulmicort Respules, a prescription drug used to treat asthma in children, from *O, The Oprah Magazine* (October, 2006)

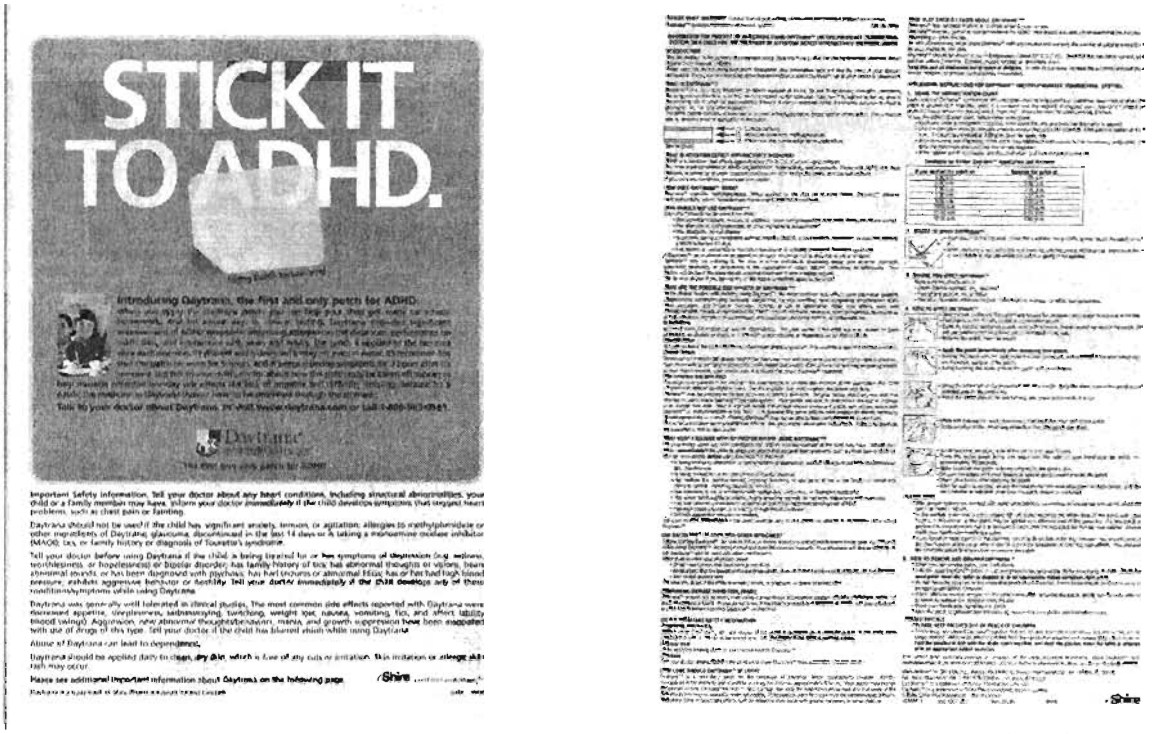
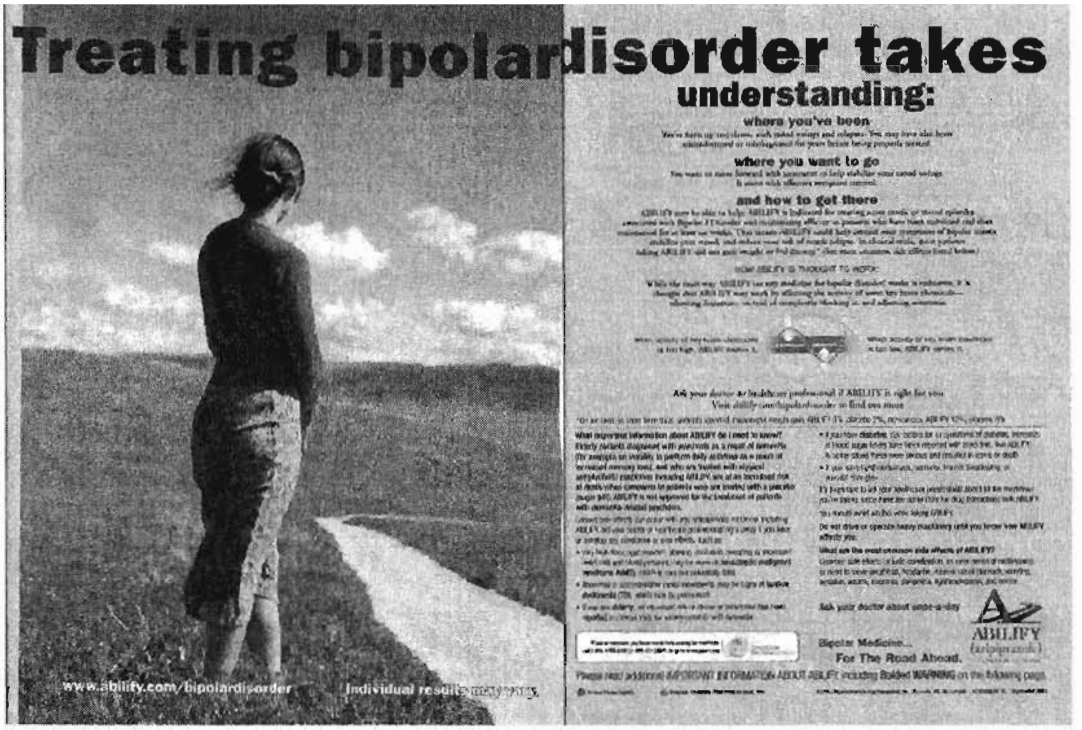


Figure A.9: Advertisement by Shire Pharmaceuticals for Daytrana, a prescription drug patch used to treat Attention-deficit Hyperactivity Disorder (ADHD) in children, from *O, The Oprah Magazine* (October, 2006)

Figure A.10: Advertisement by Allergan, Inc. for Botox, a prescription drug used to minimize fine lines and wrinkles, from *O, The Oprah Magazine* (April, 2006)

Figure A.11: Advertisement by Allergan Inc. for Botox, a prescription drug used to minimize fine lines and wrinkles, from *O, The Oprah Magazine* (October, 2006)



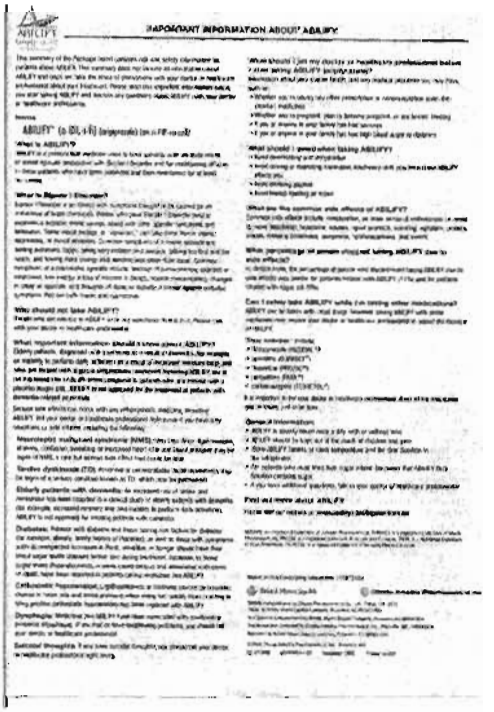

IMPORTANT INFORMATION ABOUT ABILIFY

Figure A.12: Advertisement by Bristol-Myers Squibb and Otsuka America Pharmaceutical Inc. for Abilify, a prescription drug used to treat bipolar disorder, from *O, The Oprah Magazine* (January, 2006)

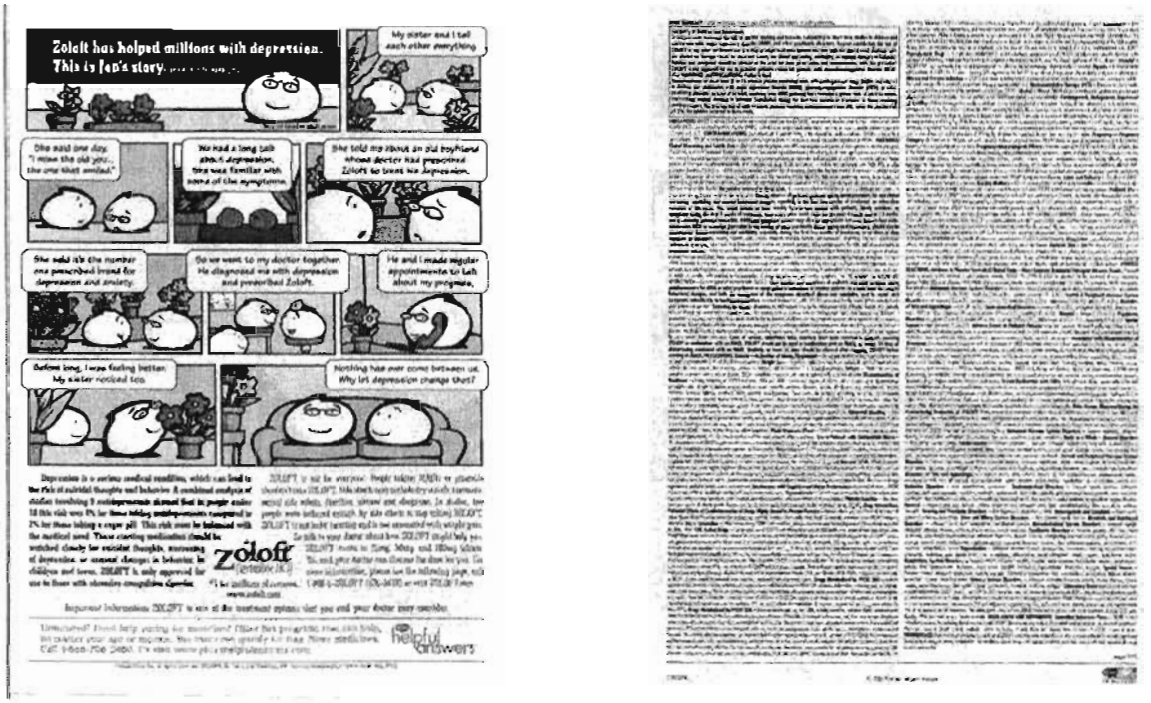


Figure A.13: Advertisement by Pfizer for Zoloft, a prescription drug used to treat depression, from *O, The Oprah Magazine* (January, 2006)

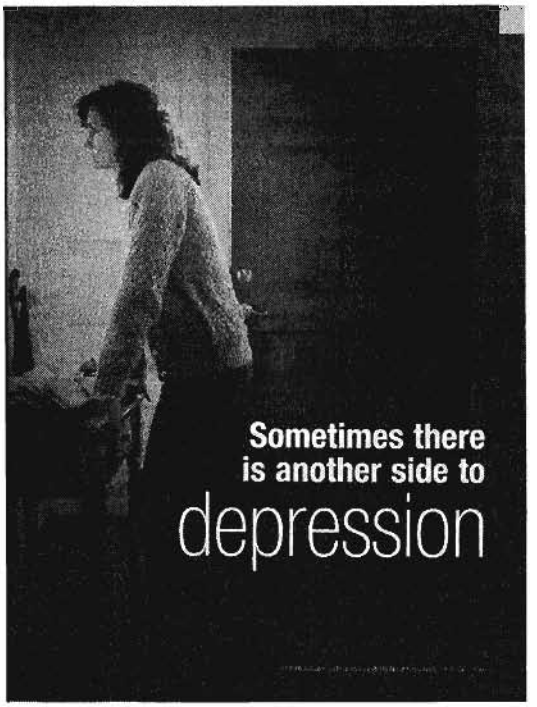


Figure A.14: Advertisement by Astra Zeneca Pharmaceuticals for Bipolar Disorder. The website lists Seroquel as the prescription drug used to treat the symptoms of Bipolar Disorder, from *O, The Oprah Magazine* (July, 2006)

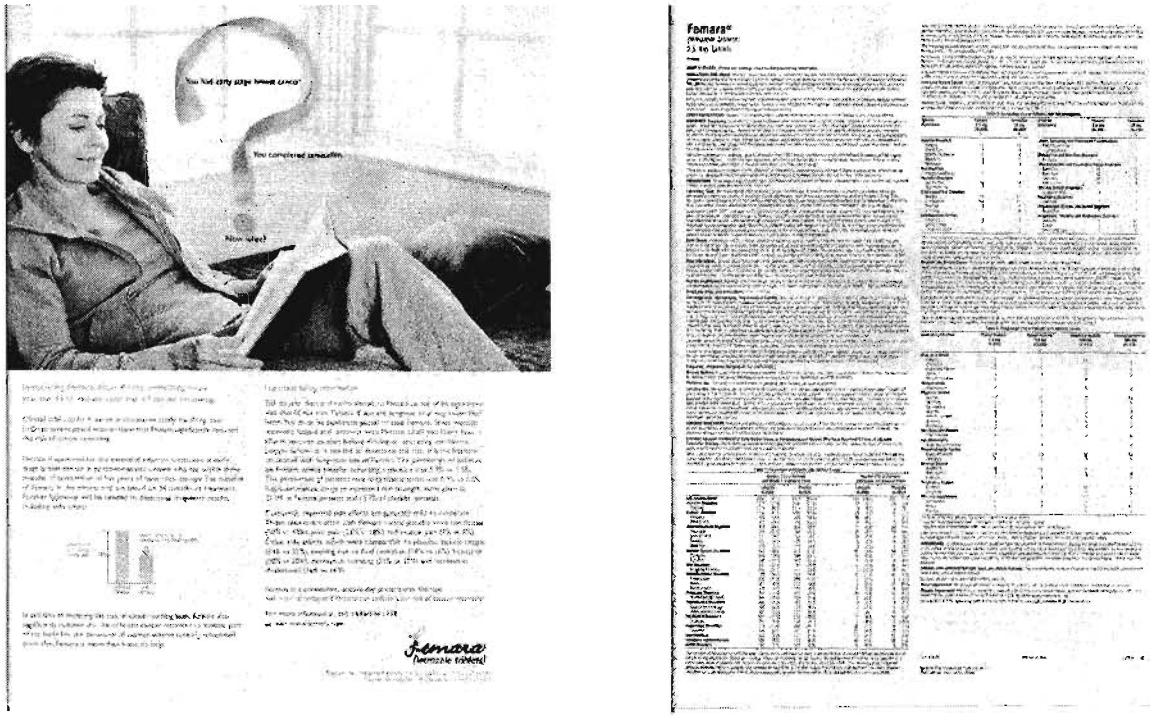


Figure A.15: Advertisement by Novartis Pharmaceuticals Corporation for Femara, a prescription drug used for the prevention of breast cancer recurrence, from *O, The Oprah Magazine* (January, 2006)

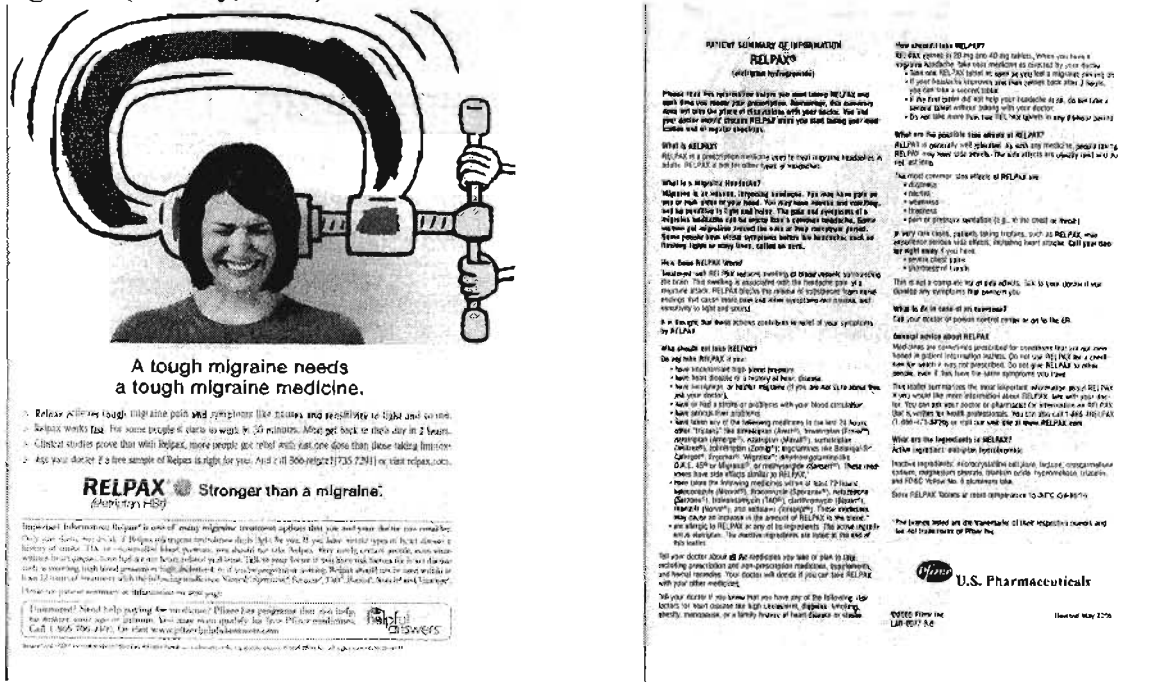


Figure A.16: Advertisement by Pfizer Inc. for Relpax, a prescription drug used to treat migraines, from *O, The Oprah Magazine* (April, 2006)

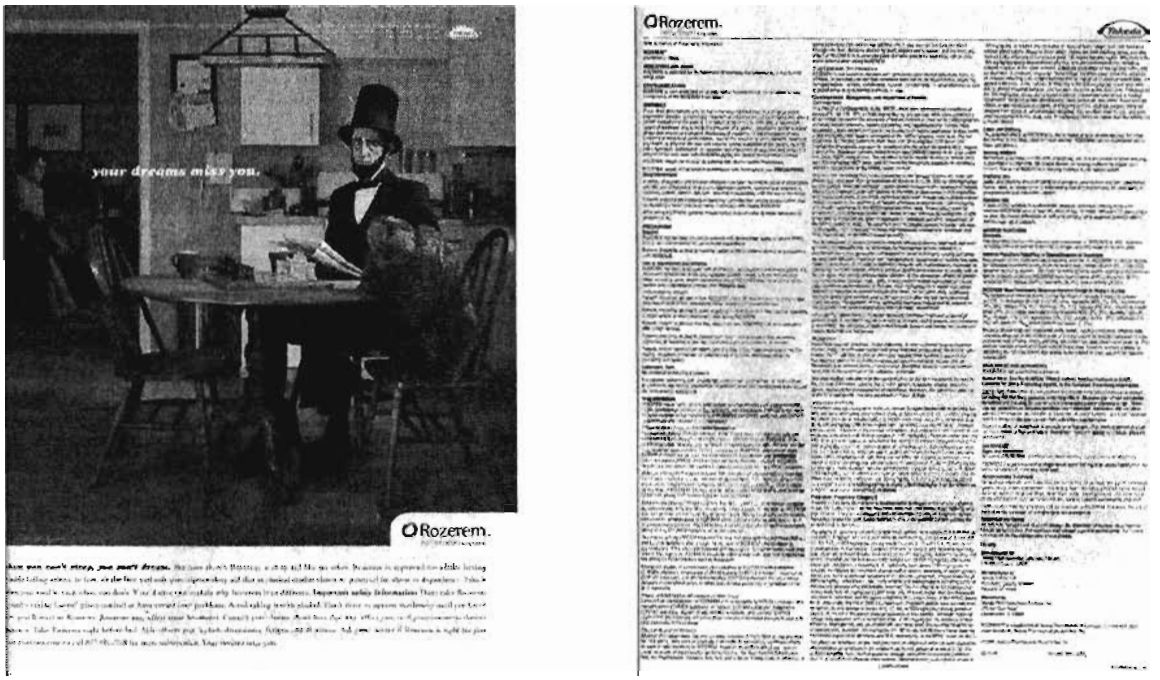


Figure A.17: Advertisement by Takeda Pharmaceuticals Company Limited for Roserem, a sleep aid prescription drug, from *O, The Oprah Magazine* (October, 2006)

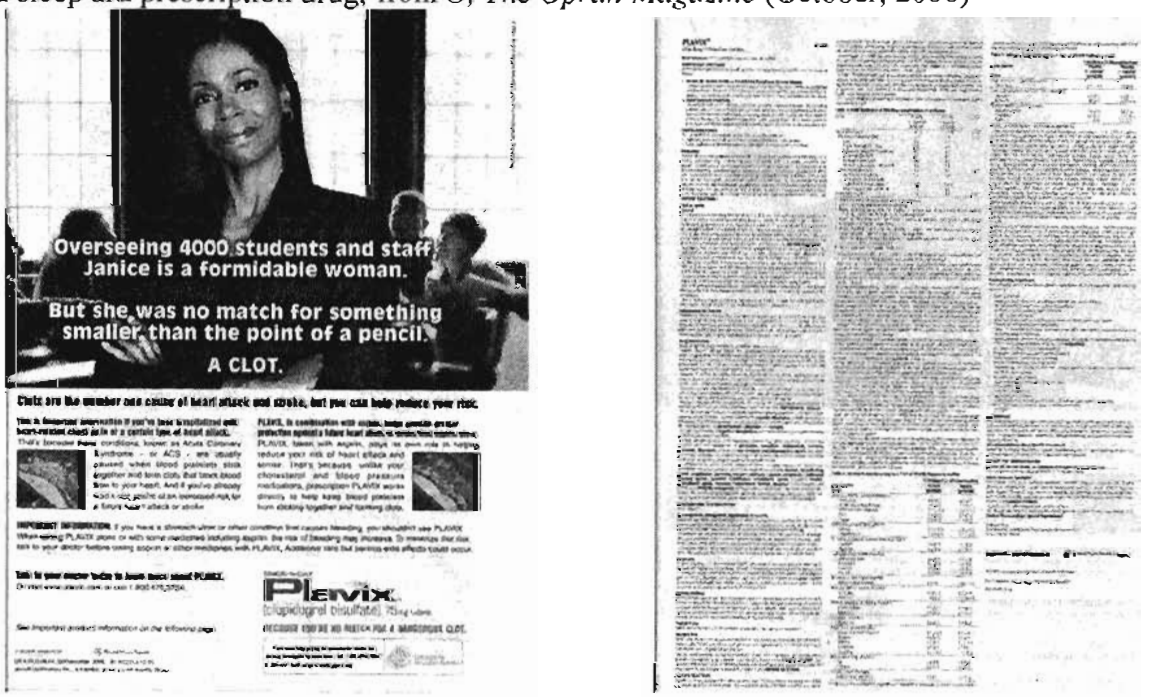


Figure A.18: Advertisement by Sanofi-Synthelabo Inc. (a member of the sanofi-aventis group) and Bristol-Myers Squibb for Plavix, a prescription drug used to prevent future blood clots, from *O, The Oprah Magazine* (April, 2006)

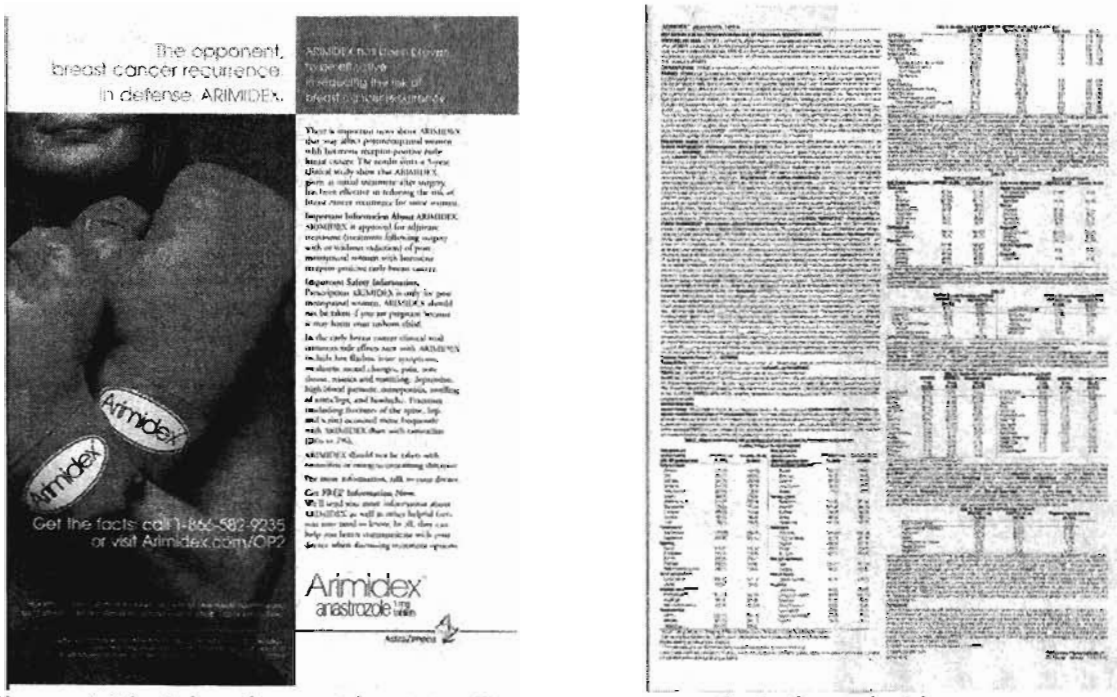


Figure A.19: Advertisement by Astra Zeneca Pharmaceuticals for Arimidex, a prescription drug used for the prevention of breast cancer recurrence, from *O, The Oprah Magazine* (April, 2006)

Figure A.20: Advertisement by MedPointe Healthcare Inc. for Astelin, a prescription drug used to treat allergies, from *O, The Oprah Magazine* (April, 2006)

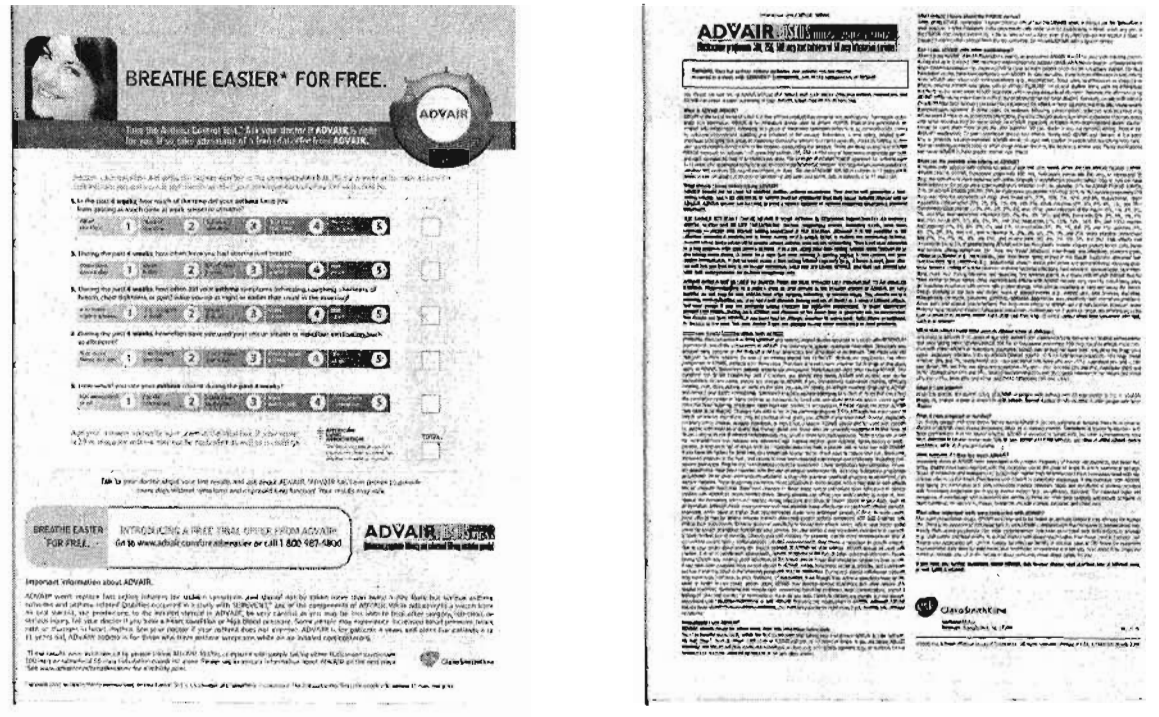


Figure A.21: Advertisement by GlaxcoSmithKline for Advair, a prescription drug used to treat asthma, from *O, The Oprah Magazine* (April, 2006)